

BDB:JJB:mel:mmr

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

JEREMY PINSON,	:	No. 1:CV-17-0584
Plaintiff	:	
	:	
v.	:	(Judge Rambo)
	:	
FEDERAL BUREAU OF PRISONS;	:	
UNITED STATES OF AMERICA;	:	
M. MAGYAR, ASST. H.S.A.;	:	
ELISABETE SANTOS; AND ALL	:	
OTHER MEMBERS OF THE BOP	:	
TCCT AND TEC,	:	
Defendants	:	Filed Electronically

**EXHIBITS IN SUPPORT OF DEFENDANTS'
STATEMENT OF MATERIAL FACTS
IN SUPPORT OF MOTION FOR SUMMARY JUDGMENT**

BRUCE D. BRANDLER
United States Attorney

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Date: August 18, 2017

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May 25, 2016 Att. A

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**Jeremy v. Pinson,****Plaintiff****vs.****USA, et al****Defendants****CIVIL ACTION NO. 1:17-cv-00584****DECLARATION OF L. M. RODARMEL**

1. I am employed by the Federal Bureau of Prisons (hereafter “BOP”), as a Unit Manager assigned to the United States Penitentiary, Allenwood, PA (hereafter “USP Allenwood”). As a part of my duties and responsibilities, I have access to inmates’ records and BOP Program Statements. I certify that the Attachments referenced herein are maintained in the ordinary course of business and are true and accurate to the best of my knowledge.

2. The Plaintiff, Jeremy Pinson, federal register number 16267-064, is a federal inmate currently confined in the United States Medical Center for Federal Prisoners (“USMCFP”), Springfield, MO. He has a projected release date of June 15, 2026.

See Public Information

3. Pinson was assigned to USP Allenwood from March 10, 2016 through July 18, 2016.

See Inmate History, Adm-Rel

4. Pinson was housed in the Special Housing Unit (“SHU”) when he initially arrived at USP Allenwood. He was not forced or threatened to enter general population. Pinson stated he would agree to enter the general population if he could participate in the Challenge Program. Pinson

was interviewed and determined to be appropriate for the program. He was released from the SHU to the general population to participate in the Challenge Program on April 14, 2016.


5. On May 9, 2016, he was placed back into the SHU pending the outcome of an investigation. The deciding official who placed him in SHU would have been a lieutenant from correctional services or the special investigative service when there is an investigation pending. The investigation was completed and determined Pinson should be transferred to another facility. He remained in the SHU until he is he was transferred to USP Terre Haute on July 18, 2016.

I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

The documents attached to this declaration:

a. are true and correct copies of records maintained by the Bureau of Prisons; b. were created at or near the time of the occurrence of the matters reflected therein by someone with knowledge; or c. were made by the Bureau of Prisons as a regular practice. I am either custodian of the documents or am otherwise qualified to execute this certification, pursuant to Fed. R. Evid. 803(6) and 902(11).

Executed this 22 day of June, 2017



M. Rodarmel
Unit Manager
USP Allenwood

Public Information

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 001	*	INMATE DATA	*	08:59:14
		AS OF 06-30-2017		

REGNO.: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH

PHONE.: 507-287-0674

FAX: 507-424-7600

RACE/SEX...: WHITE / MALE

AGE: 31

PROJ REL MT: GOOD CONDUCT TIME RELEASE

PAR ELIG DT: N/A

PROJ REL DT: 06-15-2026

PAR HEAR DT:

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 002	*	INMATE DATA	*	08:59:14
		AS OF 06-30-2017		

REGNO.: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH

PHONE.: 507-287-0674 FAX: 507-424-7600

HOME DETENTION ELIGIBILITY DATE: 12-15-2025

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
THE INMATE IS PROJECTED FOR RELEASE: 06-15-2026 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: OKLAHOMA, WESTERN DISTRICT
DOCKET NUMBER.....: CR. 06-114-1-R
JUDGE.....: RUSSELL
DATE SENTENCED/PROBATION IMPOSED: 04-02-2007
DATE COMMITTED.....: 05-07-2007
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 881
OFF/CHG: 18:871(A) THREATS AGAINST PRESIDENT; A CLASS D FELONY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS
TERM OF SUPERVISION.....: 3 YEARS
DATE OF OFFENSE.....: 08-17-2005

-----CURRENT JUDGMENT/WARRANT NO: 030 -----

COURT OF JURISDICTION.....: OKLAHOMA, WESTERN DISTRICT
DOCKET NUMBER.....: CR. 07-23-1-R
JUDGE.....: RUSSELL
DATE SENTENCED/PROBATION IMPOSED: 04-02-2007
DATE COMMITTED.....: 05-07-2007
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$200.00	\$00.00	\$00.00	\$00.00

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 003	*	INMATE DATA	*	08:59:14
		AS OF 06-30-2017		

REGNO...: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH
 PHONE...: 507-287-0674 FAX: 507-424-7600

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----
 OFFENSE CODE....: 153
 OFF/CHG: 18:1001(A) (2) FALSE STATEMENT; A CLASS D FELONY
 18:876(C) THREAT TO A JUROR, A CLASS C FELONY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 180 MONTHS
 TERM OF SUPERVISION.....: 2 YEARS
 RELATIONSHIP OF THIS OBLIGATION
 TO OTHERS FOR THE OFFENDER....: CS TO 020 010 020
 DATE OF OFFENSE.....: 12-07-2006

-----CURRENT JUDGMENT/WARRANT NO: 040 -----
 COURT OF JURISDICTION.....: TEXAS, SOUTHERN DISTRICT
 DOCKET NUMBER.....: 4:08CR00283-001
 JUDGE.....: ROSENTHAL
 DATE SENTENCED/PROBATION IMPOSED: 12-08-2008
 DATE COMMITTED.....: 01-06-2009
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$100.00	\$00.00	\$1,000.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----
 OFFENSE CODE....: 120
 OFF/CHG: 18:876 MAILING THREATENING COMMUNICATIONS

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 24 MONTHS
 TERM OF SUPERVISION.....: 3 YEARS
 RELATIONSHIP OF THIS OBLIGATION
 TO OTHERS FOR THE OFFENDER....: 12M CS/12M CC
 DATE OF OFFENSE.....: 08-21-2007

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 004	*	INMATE DATA	*	08:59:14
		AS CF 06-30-2017		

REGNO...: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH

PHONE...: 507-287-0674 FAX: 507-424-7600

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 05-30-2017 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 05-14-2009 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 020: 020 010, 030 010, 040 010

DATE COMPUTATION BEGAN.....: 04-02-2007
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA
TOTAL TERM IN EFFECT.....: 252 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 21 YEARS
AGGREGATED TERM OF SUPERVISION...: 3 YEARS
EARLIEST DATE OF OFFENSE.....: 08-17-2005

JAIL CREDIT.....:	FROM DATE	THRU DATE
	11-18-2006	04-01-2007

TOTAL PRIOR CREDIT TIME.....: 135
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 521
TOTAL GCT EARNED.....: 58
STATUTORY RELEASE DATE PROJECTED: 06-15-2026
EXPIRATION FULL TERM DATE.....: 11-18-2027
TIME SERVED.....: 10 YEARS 7 MONTHS 11 DAYS
PERCENTAGE OF FULL TERM SERVED...: 50.5

PROJECTED SATISFACTION DATE.....: 06-15-2026
PROJECTED SATISFACTION METHOD....: GCT REL

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 005	*	INMATE DATA	*	08:59:14
		AS OF 06-30-2017		

REGNO...: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 08-04-2006 VIA STDY CMPLT

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: OKLAHOMA, WESTERN DISTRICT
DOCKET NUMBER.....: CR-06-114-R
JUDGE.....: RUSSELL
DATE SENTENCED/PROBATION IMPOSED: 06-21-2006
DATE WARRANT ISSUED.....: N/A
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 07-23-2006
HOW COMMITTED.....: 4241 THRU 4245 STUDY OR EXAM
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE....: 880
OFF/CHG: (THREAT AGAINST PRESIDENT) 18:4241, 4242 PSYCH STUDY/EVAL

SENTENCE PROCEDURE.....: 4242 DETERM EXISTENCE OF INSANITY
SENTENCE IMPOSED/TIME TO SERVE.: NOT APPLICABLE
STUDY LENGTH.....: 45 DAYS
DATE OF OFFENSE.....: 05-31-2006

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	PUBLIC INFORMATION	*	06-30-2017
PAGE 006 OF 006	*	INMATE DATA	*	08:59:14
		AS OF 08-04-2006		

REGNO...: 16267-064 NAME: PINSON, JEREMY VAUGHN

RESP OF: RCH

PHONE...: 507-287-0674 FAX: 507-424-7600

-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 07-10-2006 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 07-12-2006 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 06-21-2006
TOTAL TERM IN EFFECT.....: 45 DAYS
TOTAL TERM IN EFFECT CONVERTED...: 1 MONTHS 15 DAYS
EARLIEST DATE OF OFFENSE.....: 05-31-2006

TOTAL JAIL CREDIT TIME.....: 0
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: N/A
TOTAL SGT POSSIBLE.....: 0
TOTAL GCT EARNED AND PROJECTED...: 0
TOTAL GCT EARNED.....: 0
PAROLE ELIGIBILITY.....: N/A
STATUTORY RELEASE DATE.....: N/A
TWO THIRDS DATE.....: N/A
180 DAY DATE.....: N/A
EXPIRATION FULL TERM DATE.....: 08-04-2006
TIME SERVED.....: 1 MONTHS 15 DAYS
PERCENTAGE OF FULL TERM SERVED...: 100.0

NEXT PAROLE HEARING DATE.....: UNKNOWN
TYPE OF HEARING.....: UNKNOWN

ACTUAL SATISFACTION DATE.....: 08-04-2006
ACTUAL SATISFACTION METHOD.....: STDY CMPLT
ACTUAL SATISFACTION FACILITY.....: DSC
ACTUAL SATISFACTION KEYED BY.....: RGH

DAYS REMAINING.....: 0
FINAL PUBLIC LAW DAYS.....: 0

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Inmate History, Adm-Rel

ALPMW 531.01 * INMATE HISTORY * 06-30-2017
 PAGE 001 * ADM-REL * 09:00:31

REG NO.: 16267-064 NAME....: PINSON, JEREMY VAUGHN
 CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
RCH	A-DES	DESIGNATED, AT ASSIGNED FACIL	06-14-2017 1219	CURRENT
4-U	RELEASE	RELEASED FROM IN-TRANSIT FACIL	06-14-2017 1319	06-14-2017 1319
4-U	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	06-14-2017 0440	06-14-2017 1319
SPG	TRANSFER	TRANSFER	06-14-2017 0340	06-14-2017 0340
SPG	A-DES	DESIGNATED, AT ASSIGNED FACIL	04-27-2017 1420	06-14-2017 0340
SPG	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	04-26-2017 1418	04-27-2017 1420
SPG	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-26-2016 1222	04-26-2017 1418
5-Q	RELEASE	RELEASED FROM IN-TRANSIT FACIL	10-26-2016 1322	10-26-2016 1322
5-Q	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	10-26-2016 0905	10-26-2016 1322
GRE	HLD REMOVE	HOLDOVER REMOVED	10-26-2016 0805	10-26-2016 0805
GRE	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	10-03-2016 2046	10-26-2016 0805
9-G	RELEASE	RELEASED FROM IN-TRANSIT FACIL	10-03-2016 2146	10-03-2016 2146
9-G	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	10-03-2016 1946	10-03-2016 2146
THP	TRANSFER	TRANSFER	10-03-2016 1946	10-03-2016 1946
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-03-2016 1933	10-03-2016 1946
9-G	RELEASE	RELEASED FROM IN-TRANSIT FACIL	10-03-2016 1933	10-03-2016 1933
9-G	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	10-03-2016 1931	10-03-2016 1933
THP	TRANSFER	TRANSFER	10-03-2016 1931	10-03-2016 1931
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-03-2016 1929	10-03-2016 1931
THP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-03-2016 1920	10-03-2016 1929
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-03-2016 1835	10-03-2016 1920
THP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-03-2016 0330	10-03-2016 1835
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-03-2016 0329	10-03-2016 0330
THP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-02-2016 2250	10-03-2016 0329
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-30-2016 1447	10-02-2016 2250
THP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	07-28-2016 1347	07-30-2016 1447
THP	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-25-2016 1354	07-28-2016 1347
A02	RELEASE	RELEASED FROM IN-TRANSIT FACIL	07-25-2016 1354	07-25-2016 1354
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	07-25-2016 1000	07-25-2016 1354
OKL	HLD REMOVE	HOLDOVER REMOVED	07-25-2016 0900	07-25-2016 0900
OKL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	07-18-2016 1630	07-25-2016 0900
A01	RELEASE	RELEASED FROM IN-TRANSIT FACIL	07-18-2016 1730	07-18-2016 1730
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACIL	07-18-2016 0538	07-18-2016 1730
ALP	TRANSFER	TRANSFER	07-18-2016 0538	07-18-2016 0538
ALP	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-14-2016 1512	07-18-2016 0538
ALP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	07-14-2016 1040	07-14-2016 1512
ALP	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-08-2016 1651	07-14-2016 1040
ALP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	07-08-2016 1159	07-08-2016 1651
ALP	A-DES	DESIGNATED, AT ASSIGNED FACIL	06-06-2016 1756	07-08-2016 1159
ALP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	06-05-2016 2323	06-06-2016 1756
ALP	A-DES	DESIGNATED, AT ASSIGNED FACIL	05-25-2016 2124	06-05-2016 2323

G0002 MORE PAGES TO FOLLOW . . .

ALPMW 531.01 * INMATE HISTORY * 06-30-2017
 PAGE 002 * ADM-REL * 09:00:31

REG NO.: 16267-064 NAME....: PINSON, JEREMY VAUGHN
 CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
ALP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	05-25-2016 1415	05-25-2016 2124
ALP	A-DES	DESIGNATED, AT ASSIGNED FACIL	03-10-2016 1440	05-25-2016 1415
9-G	RELEASE	RELEASED FROM IN-TRANSIT FACL	03-10-2016 1440	03-10-2016 1440
9-G	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	03-10-2016 0522	03-10-2016 1440
THP	TRANSFER	TRANSFER	03-10-2016 0522	03-10-2016 0522
THP	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	03-09-2016 1647	03-10-2016 0522
5-X	RELEASE	RELEASED FROM IN-TRANSIT FACL	03-09-2016 1647	03-09-2016 1647
5-X	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	03-09-2016 0002	03-09-2016 1647
FLP	TRANSFER	TRANSFER	03-08-2016 2202	03-08-2016 2202
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	02-16-2016 1131	03-08-2016 2202
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	02-09-2016 1007	02-16-2016 1131
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	01-12-2016 1055	02-09-2016 1007
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	01-11-2016 0025	01-12-2016 1055
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-11-2015 0355	01-11-2016 0025
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-11-2015 0030	10-11-2015 0355
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-09-2015 1924	10-11-2015 0030
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-09-2015 1008	10-09-2015 1924
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	09-29-2015 1200	10-09-2015 1008
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	09-29-2015 0604	09-29-2015 1200
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	08-30-2015 1649	09-29-2015 0604
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	08-29-2015 1215	08-30-2015 1649
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	08-17-2015 1922	08-29-2015 1215
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	08-17-2015 1113	08-17-2015 1922
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	05-26-2015 0109	08-17-2015 1113
FLP	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	05-25-2015 1939	05-26-2015 0109
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	04-02-2015 1625	05-25-2015 1939
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	04-02-2015 1825	04-02-2015 1825
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	04-02-2015 1000	04-02-2015 1825
OKL	HLD REMOVE	HOLDOVER REMOVED	04-02-2015 0900	04-02-2015 0900
OKL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	03-27-2015 1445	04-02-2015 0900
OKL	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	03-27-2015 0850	03-27-2015 1445
OKL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	03-18-2015 1030	03-27-2015 0850
B11	RELEASE	RELEASED FROM IN-TRANSIT FACL	03-18-2015 1130	03-18-2015 1130
B11	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	03-18-2015 0545	03-18-2015 1130
SPG	TRANSFER	TRANSFER	03-18-2015 0445	03-18-2015 0445
SPG	A-DES	DESIGNATED, AT ASSIGNED FACIL	11-01-2014 1300	03-18-2015 0445
SPG	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	11-01-2014 1052	11-01-2014 1300
SPG	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-08-2014 1113	11-01-2014 1052
5-Z	RELEASE	RELEASED FROM IN-TRANSIT FACL	10-08-2014 1213	10-08-2014 1213
5-Z	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	10-08-2014 0917	10-08-2014 1213
FLM	TRANSFER	TRANSFER	10-08-2014 0717	10-08-2014 0717

G0002 MORE PAGES TO FOLLOW . . .

ALPMW 531.01 * INMATE HISTORY * 06-30-2017
 PAGE 003 * ADM-REL * 09:00:31

REG NO.: 16267-064 NAME....: PINSON, JEREMY VAUGHN
 CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
FLM	A-DES	DESIGNATED, AT ASSIGNED FACIL	06-09-2013 1533	10-08-2014 0717
FLM	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	06-08-2013 1741	06-09-2013 1533
FLM	A-DES	DESIGNATED, AT ASSIGNED FACIL	11-30-2012 1958	06-08-2013 1741
FLM	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	11-30-2012 1258	11-30-2012 1958
FLM	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-19-2012 1213	11-30-2012 1258
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-19-2012 1413	07-19-2012 1413
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-19-2012 1050	07-19-2012 1413
OKL	HLD REMOVE	HOLDOVER REMOVED	07-19-2012 0950	07-19-2012 0950
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-18-2012 1645	07-19-2012 0950
7-E	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-18-2012 1745	07-18-2012 1745
7-E	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-18-2012 0923	07-18-2012 1745
HOU	HLD REMOVE	HOLDOVER REMOVED	07-18-2012 0823	07-18-2012 0823
HOU	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-11-2012 1814	07-18-2012 0823
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-11-2012 1914	07-11-2012 1914
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-11-2012 1230	07-11-2012 1914
HOU	HLD REMOVE	HOLDOVER REMOVED	07-11-2012 1130	07-11-2012 1130
HOU	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-05-2012 1741	07-11-2012 1130
7-E	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-05-2012 1841	07-05-2012 1841
7-E	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-05-2012 1112	07-05-2012 1841
HOU	HLD REMOVE	HOLDOVER REMOVED	07-05-2012 1012	07-05-2012 1012
HOU	A-HLD	HOLDOVER, TEMPORARILY HOUSED	04-04-2012 1639	07-05-2012 1012
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	04-04-2012 1739	04-04-2012 1739
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	04-04-2012 1125	04-04-2012 1739
OKL	HLD REMOVE	HOLDOVER REMOVED	04-04-2012 1025	04-04-2012 1025
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	03-30-2012 1825	04-04-2012 1025
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	03-30-2012 1925	03-30-2012 1925
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	03-30-2012 1001	03-30-2012 1925
FLM	FED WRIT	RELEASE ON FEDERAL WRIT	03-30-2012 0801	07-19-2012 1213
FLM	A-DES	DESIGNATED, AT ASSIGNED FACIL	02-25-2011 1629	03-30-2012 0801
A01	RELEASE	RELEASED FROM IN-TRANSIT FACL	02-25-2011 1829	02-25-2011 1829
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	02-25-2011 0852	02-25-2011 1829
OKL	HLD REMOVE	HOLDOVER REMOVED	02-25-2011 0752	02-25-2011 0752
OKL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	02-16-2011 1645	02-25-2011 0752
A01	RELEASE	RELEASED FROM IN-TRANSIT FACL	02-16-2011 1745	02-16-2011 1745
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	02-16-2011 1020	02-16-2011 1745
ATL	HLD REMOVE	HOLDOVER REMOVED	02-16-2011 1020	02-16-2011 1020
ATL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	02-07-2011 1631	02-16-2011 1020
B03	RELEASE	RELEASED FROM IN-TRANSIT FACL	02-07-2011 1631	02-07-2011 1631
B03	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	02-07-2011 0952	02-07-2011 1631
TDG	TRANSFER	TRANSFER	02-07-2011 0852	02-07-2011 0852
TDG	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-19-2010 2046	02-07-2011 0852

G0002 MORE PAGES TO FOLLOW . . .

ALPMW 531.01 * INMATE HISTORY * 06-30-2017
 PAGE 004 * ADM-REL * 09:00:31

REG NO.: 16267-064 NAME: PINSON, JEREMY VAUGHN
 CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
TDG	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	10-19-2010 1443	10-19-2010 2046
TDG	A-DES	DESIGNATED, AT ASSIGNED FACIL	08-06-2009 0721	10-19-2010 1443
S25	RELEASE	RELEASED FROM IN-TRANSIT FACL	08-06-2009 0821	08-06-2009 0821
S25	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-06-2009 0403	08-06-2009 0821
EDG	HLD REMOVE	HOLDOVER REMOVED	08-06-2009 0403	08-06-2009 0403
EDG	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	07-09-2009 0956	08-06-2009 0403
8-I	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-09-2009 0956	07-09-2009 0956
8-I	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-09-2009 0232	07-09-2009 0956
CLP	TRANS SEG	TRANSFER-SEGREGATION	07-09-2009 0232	08-06-2009 0722
CLP	A-REL CHNG	ADMISSION FOR RELEASE CHANGE	07-09-2009 0230	07-09-2009 0232
8-I	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-16-2009 1302	07-16-2009 1302
8-I	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-16-2009 1300	07-16-2009 1302
CLP	ADMIN REL	ADMINISTRATIVE RELEASE	07-16-2009 1300	07-16-2009 1300
CLP	A-ADMIN	ADMINISTRATIVE ADMISSION	07-16-2009 1253	07-16-2009 1300
6-J	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-16-2009 1253	07-16-2009 1253
6-J	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-09-2009 0954	07-16-2009 1253
EDG	HLD REMOVE	HOLDOVER REMOVED	07-09-2009 0954	07-09-2009 0954
EDG	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	07-09-2009 0952	07-09-2009 0954
EDG	ADM CHANGE	RELEASE FOR ADMISSION CHANGE	07-09-2009 0950	07-09-2009 0952
EDG	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-09-2009 0948	07-09-2009 0950
8-I	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-09-2009 0948	07-09-2009 0948
8-I	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-09-2009 0225	07-09-2009 0948
CLP	TRANSFER	TRANSFER	07-09-2009 0225	07-09-2009 0225
CLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	01-06-2009 1704	07-09-2009 0225
A01	RELEASE	RELEASED FROM IN-TRANSIT FACL	01-06-2009 1704	01-06-2009 1704
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	01-06-2009 1105	01-06-2009 1704
OKL	HLD REMOVE	HOLDOVER REMOVED	01-06-2009 1005	01-06-2009 1005
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	12-11-2008 1830	01-06-2009 1005
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	12-11-2008 1930	12-11-2008 1930
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	12-11-2008 1455	12-11-2008 1930
HOU	HLD REMOVE	HOLDOVER REMOVED	12-11-2008 1355	12-11-2008 1355
HOU	A-HLD	HOLDOVER, TEMPORARILY HOUSED	10-07-2008 1822	12-11-2008 1355
HOU	ADM CHANGE	RELEASE FOR ADMISSION CHANGE	10-07-2008 1821	10-07-2008 1822
HOU	A-PRE	PRE-SENT ADMIT, ADULT	10-07-2008 1820	10-07-2008 1821
7-E	RELEASE	RELEASED FROM IN-TRANSIT FACL	10-07-2008 1920	10-07-2008 1920
7-E	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-19-2008 1636	10-07-2008 1920
HOU	HLD REMOVE	HOLDOVER REMOVED	08-19-2008 1536	08-19-2008 1536
HOU	A-HLD	HOLDOVER, TEMPORARILY HOUSED	05-30-2008 1800	08-19-2008 1536
A01	RELEASE	RELEASED FROM IN-TRANSIT FACL	05-30-2008 1900	05-30-2008 1900
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	05-30-2008 1020	05-30-2008 1900
OKL	HLD REMOVE	HOLDOVER REMOVED	05-30-2008 0920	05-30-2008 0920

G0002 MORE PAGES TO FOLLOW . . .

ALPMW 531.01 *
PAGE 005 *INMATE HISTORY
ADM-REL* 06-30-2017
* 09:00:31REG NO.: 16267-064 NAME: PINSON, JEREMY VAUGHN
CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	05-29-2008 1855	05-30-2008 0920
8-N	RELEASE	RELEASED FROM IN-TRANSIT FACL	05-29-2008 1955	05-29-2008 1955
8-N	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	05-29-2008 1047	05-29-2008 1955
VIP	FED WRIT	RELEASE ON FEDERAL WRIT	05-29-2008 0747	05-29-2008 0749
VIP	A-DES	DESIGNATED, AT ASSIGNED FACIL	02-14-2008 1730	05-29-2008 0747
A01	RELEASE	RELEASED FROM IN-TRANSIT FACL	02-14-2008 2030	02-14-2008 2030
A01	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	02-14-2008 0900	02-14-2008 2030
FLP	TRANSFER	TRANSFER	02-14-2008 0700	02-14-2008 0700
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	01-30-2008 0124	02-14-2008 0700
FLP	ESCORT TRP	ESC TRIP OTHER THAN LOCAL HOSP	01-29-2008 2145	01-30-2008 0124
FLP	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-03-2007 1336	01-29-2008 2145
A02	RELEASE	RELEASED FROM IN-TRANSIT FACL	10-03-2007 1536	10-03-2007 1536
A02	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	10-03-2007 1035	10-03-2007 1536
OKL	HLD REMOVE	HOLDOVER REMOVED	10-03-2007 0935	10-03-2007 0935
OKL	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	09-25-2007 1530	10-03-2007 0935
B18	RELEASE	RELEASED FROM IN-TRANSIT FACL	09-25-2007 1630	09-25-2007 1630
B18	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	09-25-2007 0707	09-25-2007 1630
BMP	TRANSFER	TRANSFER	09-25-2007 0607	09-25-2007 0607
BMP	A-DES	DESIGNATED, AT ASSIGNED FACIL	08-24-2007 1520	09-25-2007 0607
7-E	RELEASE	RELEASED FROM IN-TRANSIT FACL	08-24-2007 1620	08-24-2007 1620
7-E	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-24-2007 1431	08-24-2007 1620
HOU	HLD REMOVE	HOLDOVER REMOVED	08-24-2007 1331	08-24-2007 1331
HOU	A-BOP HLD	HOLDOVER FOR INST TO INST TRF	08-17-2007 2150	08-24-2007 1331
B18	RELEASE	RELEASED FROM IN-TRANSIT FACL	08-17-2007 2250	08-17-2007 2250
B18	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-17-2007 2046	08-17-2007 2250
BMP	TRANS SEG	TRANSFER-SEGREGATION	08-17-2007 1946	08-24-2007 1520
BMP	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-11-2007 1330	08-17-2007 1946
6-Z	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-11-2007 1430	07-11-2007 1430
6-Z	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-11-2007 1412	07-11-2007 1430
BML	HLD REMOVE	HOLDOVER REMOVED	07-11-2007 1312	07-11-2007 1312
BML	A-HLD	HOLDOVER, TEMPORARILY HOUSED	06-26-2007 1224	07-11-2007 1312
7-A	RELEASE	RELEASED FROM IN-TRANSIT FACL	06-26-2007 1324	06-26-2007 1324
7-A	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	06-26-2007 1317	06-26-2007 1324
BMP	TRANS SEG	TRANSFER-SEGREGATION	06-26-2007 1217	07-11-2007 1330
BMP	A-DES	DESIGNATED, AT ASSIGNED FACIL	05-07-2007 1636	06-26-2007 1217
B17	RELEASE	RELEASED FROM IN-TRANSIT FACL	05-07-2007 1736	05-07-2007 1736
B17	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	05-07-2007 0650	05-07-2007 1736
OKL	HLD REMOVE	HOLDOVER REMOVED	05-07-2007 0550	05-07-2007 0550
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	05-01-2007 1005	05-07-2007 0550
9-L	RELEASE	RELEASED FROM IN-TRANSIT FACL	05-01-2007 1105	05-01-2007 1105
9-L	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	04-19-2007 0811	05-01-2007 1105

G0002 MORE PAGES TO FOLLOW . . .

ALPMW 531.01 *
PAGE 006 OF 006 *

INMATE HISTORY
ADM-REL

* 06-30-2017
* 09:00:31

REG NO.: 16267-064 NAME....: PINSON, JEREMY VAUGHN
CATEGORY: ARS FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
DSC	ADMIN REL	ADMINISTRATIVE RELEASE	04-19-2007 0711	04-19-2007 0711
DSC	A-ADMIN	ADMINISTRATIVE ADMISSION	04-18-2007 1344	04-19-2007 0711
P06	RELEASE 04	RELEASED FROM IN-TRANSIT, APR	04-18-2007 1444	04-18-2007 1444
P06	A-ADMIT 12	ADMITTED TO IN-TRANSIT, DEC	12-16-2006 0530	04-18-2007 1444
6-K	RELEASE	RELEASED FROM IN-TRANSIT FACL	12-16-2006 0530	12-16-2006 0530
6-K	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-18-2006 1345	12-16-2006 0530
OKL	HLD REMOVE	HOLDOVER REMOVED	08-18-2006 1245	08-18-2006 1245
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	08-18-2006 1015	08-18-2006 1245
B04	RELEASE	RELEASED FROM IN-TRANSIT FACL	08-18-2006 1115	08-18-2006 1115
B04	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-18-2006 0713	08-18-2006 1115
TEX	HLD REMOVE	HOLDOVER REMOVED	08-18-2006 0613	08-18-2006 0613
TEX	A-HLD	HOLDOVER, TEMPORARILY HOUSED	08-17-2006 1407	08-18-2006 0613
2-Y	RELEASE	RELEASED FROM IN-TRANSIT FACL	08-17-2006 1507	08-17-2006 1507
2-Y	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	08-17-2006 0930	08-17-2006 1507
FTW	HLD REMOVE	HOLDOVER REMOVED	08-17-2006 0830	08-17-2006 0830
FTW	A-HLD	HOLDOVER, TEMPORARILY HOUSED	08-11-2006 0801	08-17-2006 0830
FTW	ADM CHANGE	RELEASE FOR ADMISSION CHANGE	08-11-2006 0800	08-11-2006 0801
FTW	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-26-2006 2055	08-11-2006 0800
FTW	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	07-26-2006 1805	07-26-2006 2055
FTW	A-DES	DESIGNATED, AT ASSIGNED FACIL	07-23-2006 0042	07-26-2006 1805
FTW	LOCAL HOSP	ESC TRIP TO LOCAL HOSP W/RETN	07-22-2006 2013	07-23-2006 0042
FTW	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-20-2006 0845	07-22-2006 2013
B17	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-20-2006 0945	07-20-2006 0945
B17	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-20-2006 0545	07-20-2006 0945
OKL	HLD REMOVE	HOLDOVER REMOVED	07-20-2006 0445	07-20-2006 0445
OKL	A-HLD	HOLDOVER, TEMPORARILY HOUSED	07-13-2006 1123	07-20-2006 0445
9-L	RELEASE	RELEASED FROM IN-TRANSIT FACL	07-13-2006 1223	07-13-2006 1223
9-L	A-ADMIT	ADMITTED TO AN IN-TRANSIT FACL	07-07-2006 1642	07-13-2006 1223
DSC	ADMIN REL	ADMINISTRATIVE RELEASE	07-07-2006 1542	07-07-2006 1542
DSC	A-ADMIN	ADMINISTRATIVE ADMISSION	07-07-2006 1528	07-07-2006 1542

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Inmate Discipline Data

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ___ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2966723 - SANCTIONED INCIDENT DATE/TIME: 03-24-2017 1040
 DHO HEARING DATE/TIME: 05-26-2017 1030 DHO REPT DEL: 06-29-2017 1159

FACL/CHAIRPERSON.....: SPG/L.LANDRIGA

REPORT REMARKS.....: THE GREATER WEIGHT OF THE EVIDENCE DOES SUPPORT THE
 CHARGE AS WRITTEN.

203 THREATENING BODILY HARM - FREQ: 2 ATI: SD1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT
 DS / 15 DAYS / CS / SUSPENDED 90 DAYS
 COMP: LAW: 15 DAYS DIS SEG; SUSPEND PENDING 90 DAYS CLEAR
 CONDUCT
 LP EMAIL / 30 DAYS / CS
 COMP: LAW: 30 DAYS LOSS OF EMAIL

 REPORT NUMBER/STATUS.: 2961178 - SANCTIONED INCIDENT DATE/TIME: 03-10-2017 1600
 DHO HEARING DATE/TIME: 05-26-2017 1020 DHO REPT DEL: 06-29-2017 1159

FACL/CHAIRPERSON.....: SPG/L.LANDRIGA

REPORT REMARKS.....: THE GREATER WEIGHT OF THE EVIDENCE DOES SUPPORT THE
 CHARGE AS WRITTEN.

321 INTERFERING WITH TAKING COUNT - FREQ: 1
 LP EMAIL / 15 DAYS / CS
 COMP: LAW: 15 DAYS LOSS OF EMAIL

 REPORT NUMBER/STATUS.: 2966720 - SANCTIONED INCIDENT DATE/TIME: 03-24-2017 1115
 DHO HEARING DATE/TIME: 05-26-2017 1010 DHO REPT DEL: 06-29-2017 1158

FACL/CHAIRPERSON.....: SPG/L.LANDRIGA

REPORT REMARKS.....: INMATE ADMITTED TO BREAKING A PAIR OF RAPID HAND
 RESTRAINTS - BENT BEYOND REPAIR

329 DESTROY PROP \$100 OR LESS - FREQ: 3
 MON REST / 52.50 DOLLARS / CS
 COMP: LAW: MONETARY RESTITUTION IN THE AMOUNT OF \$52.50

 REPORT NUMBER/STATUS.: 2932284 - SANCTIONED INCIDENT DATE/TIME: 12-24-2016 0912
 DHO HEARING DATE/TIME: 01-31-2017 0900

FACL/CHAIRPERSON.....: SPG/K. NIKES

APPEAL CASE NUMBER(S): 892515

REPORT REMARKS.....: THE GREATER WEIGHT OF THE EVIDENCE DOES SUPPORT THE
 CHARGE AS WRITTEN.

203 THREATENING BODILY HARM - FREQ: 1 ATI: SB1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 003 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ___ MOS PRIOR TO 06-30-2017

UDC HEARING DATE/TIME: 06-13-2016 1127 REPORT 2859216 CONTINUED

329 DESTROY PROP \$100 OR LESS - FREQ: 1

LP COMM / 30 DAYS / CC

COMP: LAW: 30 DAYS LOSS OF COMMISSARY, PREVIOUS SANCTIONS
 WITH STANDING , NEW DATE OF PRIVILEGE 6-20-2024.

 REPORT NUMBER/STATUS.: 2774766 - SANCTIONED INCIDENT DATE/TIME: 10-21-2015 1745
 DHO HEARING DATE/TIME: 06-13-2016 1035 DHO REPT DEL: 06-23-2016 0917

FACL/CHAIRPERSON.....: ALP/CERNEY

APPEAL CASE NUMBER(S): 849488

REPORT REMARKS.....: FLP CASE: SPIT ON STAFF - REHEARING PER
 NCRO 849488-R1 -- NEITHER

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SH1 RFP: D
 DIS GCT / 2 DAYS / CS

COMP:020 LAW:P

FF NVGCT / 25 DAYS / CS

COMP:020 LAW:P

IMPOUND / 2 MONTHS / CS

COMP: LAW: PERSONAL PROPERTY NOT TO INCLUDE RELIGIOUS, CURREN
 T LEGAL OR PSYCH. TREATMENT ITEMS

LP COMM / 2 MONTHS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2778570 - SANCTIONED INCIDENT DATE/TIME: 10-31-2015 1458
 DHO HEARING DATE/TIME: 06-13-2016 1025 DHO REPT DEL: 06-23-2016 0919

FACL/CHAIRPERSON.....: ALP/CERNEY

APPEAL CASE NUMBER(S): 851064

REPORT REMARKS.....: FLP CASE: LIT TOWEL ON FIRE IN SHU CELL - REHEARING PER
 NCRO 851064-R1 -- DENIED

317 FAILING TO FOLLOW SAFETY REGS - FREQ: 1

DIS GCT / 1 DAYS / CS

COMP:020 LAW:P

LP COMM / 2 MONTHS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2775571 - SANCTIONED INCIDENT DATE/TIME: 10-21-2015 1225
 DHO HEARING DATE/TIME: 06-13-2016 1015 DHO REPT DEL: 06-23-2016 0915

FACL/CHAIRPERSON.....: ALP/CERNEY

APPEAL CASE NUMBER(S): 849485

REPORT REMARKS.....: FLP CASE: BROKE SHU SPRINKLER - REHEARING PER
 NCRO 849485-R1 -- ADMITS

218 DESTROYING PROP OVER \$100 - FREQ: 1

DIS GCT / 2 DAYS / CS

COMP:020 LAW:P

FF NVGCT / 25 DAYS / CS

COMP:020 LAW:P

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 004 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 06-13-2016 1015 REPORT 2775571 CONTINUED
 IMPOUND / 2 MONTHS / CS
 COMP: LAW: PERSONAL PROPERTY NOT TO INCLUDE RELIGIOUS, CURREN
 T LEGAL OR PSYCH. TREATMENT ITEMS
 LP COMM / 2 MONTHS / CS
 COMP: LAW:

 REPORT NUMBER/STATUS.: 2771093 - SANCTIONED INCIDENT DATE/TIME: 10-10-2015 2050
 DHO HEARING DATE/TIME: 06-03-2016 0840 DHO REPT DEL: 06-15-2016 0937
 FACL/CHAIRPERSON.....: ALP/CERNEY
 APPEAL CASE NUMBER(S): 849486
 REPORT REMARKS.....: FLP REHEARING PER NCRO 849486-R1 -- OBSERVED SWALLOWING
 "HANDFUL" OF UNKNOWN TAN PILLS -- DENIED
 228 TATTOOING OR SELF-MUTILATION - FREQ: 1
 DIS GCT / 14 DAYS / CS
 COMP:020 LAW:P
 LP COMM / 2 MONTHS / CS
 COMP: LAW:
 LP VISIT / 2 MONTHS / CS
 COMP: LAW:

 REPORT NUMBER/STATUS.: 2770848 - SANCTIONED INCIDENT DATE/TIME: 10-09-2015 0820
 DHO HEARING DATE/TIME: 06-03-2016 0830 DHO REPT DEL: 06-15-2016 0939
 FACL/CHAIRPERSON.....: ALP/CERNEY
 APPEAL CASE NUMBER(S): 849487
 REPORT REMARKS.....: FLP REHEARING PER NCRO 849487-R1 -- CUT OPEN SCROTUM
 DENIED
 228 TATTOOING OR SELF-MUTILATION - FREQ: 1
 DIS GCT / 14 DAYS / CS
 COMP:020 LAW:P
 LP COMM / 2 MONTHS / CS
 COMP: LAW:
 LP VISIT / 2 MONTHS / CS
 COMP: LAW:

 REPORT NUMBER/STATUS.: 2854959 - NOT RESP INCIDENT DATE/TIME: 05-25-2016 1235
 DHO HEARING DATE/TIME: 06-03-2016 0825 DHO REPT DEL: 06-15-2016 0930
 FACL/CHAIRPERSON.....: ALP/CERNEY
 REPORT REMARKS.....: NOT PSYCHOLOGICALLY RESPONSIBLE FOR CUTTING TESTICLES PE
 R DR. J. MITCHELL, PSYCHOLOGIST
 CHARGES: 104 POSSESSING A DANGEROUS WEAPON
 228 TATTOOING OR SELF-MUTILATION

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 005 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2806495 - SANCTIONED INCIDENT DATE/TIME: 01-19-2016 1320
 DHO HEARING DATE/TIME: 03-02-2016 0807

FACL/CHAIRPERSON.....: FLP/(F)MIEDICH

REPORT REMARKS.....: WHILE USE OF FORCE W/SHIELD, IM BECAME COMBATIVE PUSHING
 & PULLING ON SHIELD ATTEMPTING TO STRIKE STAFF W/HANDS.

224A ASSAULTING W/O SERIOUS INJURY - FREQ: 3 ATI: SF1 RFP: D

DIS GCT / 1 DAYS / CS

COMP:020 LAW:P

FF NVGCT / 13 DAYS / CS

COMP:020 LAW:P

LP COMM / 60 DAYS / CS

COMP: LAW:

LP OTHER / 60 DAYS / CS

COMP: LAW: LOSS OF PROPERTY

LP VISIT / 60 DAYS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2801395 - SANCTIONED INCIDENT DATE/TIME: 01-05-2016 1310
 DHO HEARING DATE/TIME: 03-02-2016 0806

FACL/CHAIRPERSON.....: FLP/(F)MIEDICH

REPORT REMARKS.....: BEING ESCORTED,IM AGGRESSIVELY TRIED 2PULL AWAY FROMSTAF
 TURNING TOWARDS STAFF & REPEATED IT AGAIN,IUOF USED

299 DISRUPTIVE CONDUCT-HIGH - FREQ: 1

DIS GCT / 1 DAYS / CS

COMP:020 LAW:P 299 MOST LIKE A 224A

FF NVGCT / 13 DAYS / CS

COMP:020 LAW:P 299 MOST LIKE A 224A

LP COMM / 60 DAYS / CS

COMP: LAW: 299 MOST LIKE A 224A

LP OTHER / 60 DAYS / CS

COMP: LAW: LOSS OF PROPERTY

299 MOST LIKE A 224A

LP VISIT / 60 DAYS / CS

COMP: LAW: 299 MOST LIKE A 224A

 REPORT NUMBER/STATUS.: 2803566 - SANCTIONED INCIDENT DATE/TIME: 01-10-2016 2335
 DHO HEARING DATE/TIME: 03-02-2016 0805

FACL/CHAIRPERSON.....: FLP/(F)MIEDICH

REPORT REMARKS.....: IM WAS IN CELL UNRESPONSIVE LYING ON HIS BACK COVERED IN
 A LARGE POOL OF BLOOD.APEARED TO HAVE HIT HEAD...

228 TATTOOING OR SELF-MUTILATION - FREQ: 2

DIS GCT / 1 DAYS / CS

COMP:020 LAW:P

FF NVGCT / 13 DAYS / CS

COMP:020 LAW:P

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 006 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME...: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

LP COMM / 60 DAYS / CS
 COMP: LAW:
 LP OTHER / 60 DAYS / CS
 COMP: LAW: LOSS OF PROPERTY
 LP VISIT / 60 DAYS / CS
 COMP: LAW:

 REPORT NUMBER.....: 2778570 (REHEARD 06-13-2016 1025)
 DHO HEARING DATE/TIME: 01-05-2016 1201

REPORT NUMBER.....: 2770848 (REHEARD 06-03-2016 0830)
 DHO HEARING DATE/TIME: 12-22-2015 1106

REPORT NUMBER.....: 2771093 (REHEARD 06-03-2016 0840)
 DHO HEARING DATE/TIME: 12-22-2015 1105

REPORT NUMBER.....: 2774766 (REHEARD 06-13-2016 1035)
 DHO HEARING DATE/TIME: 12-22-2015 1104

REPORT NUMBER.....: 2775571 (REHEARD 06-13-2016 1015)
 DHO HEARING DATE/TIME: 12-22-2015 1102

REPORT NUMBER/STATUS.: 2732477 - SANCTIONED INCIDENT DATE/TIME: 06-29-2015 1120
 UDC HEARING DATE/TIME: 07-24-2015 1540
 FACL/UDC/CHAIRPERSON.: FLP/DBSTAGES1/J. MCEVOY
 APPEAL CASE NUMBER(S): 830752

REPORT REMARKS.....: INMATE GUILTY OF CODE 330
 330 BEING UNSANITARY OR UNTIDY - FREQ: 1
 LP COMM / 15 DAYS / CS
 COMP: LAW:

 REPORT NUMBER/STATUS.: 2682080 - SANCTIONED INCIDENT DATE/TIME: 02-11-2015 1839
 DHO HEARING DATE/TIME: 03-16-2015 0930 DHO REPT DEL: 05-29-2015 1518
 FACL/CHAIRPERSON.....: SPG/ROBERTS

REPORT REMARKS.....: SLIPPED HAND RESTRAINTS AND ATTEMPTED TO ASSAULT STAFF
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SG1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GOOD CONDUCT TIME
 DS / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: D/S SUSPENDED PENDING 180 DAYS CLEAR CONDUCT
 LP COMM / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: LP 60 DAYS OF COMMISSARY PENDING 180 DAYS CLEAR
 CONDUCT

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 007 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2682079 - SANCTIONED INCIDENT DATE/TIME: 02-11-2015 1839
 DHO HEARING DATE/TIME: 03-16-2015 0915 DHO REPT DEL: 05-29-2015 0519
 FACL/CHAIRPERSON.....: SPG/ROBERTS
 REPORT REMARKS.....: ASSAULT I/M ON STAFF
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SG1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GOOD CONDUCT TIME
 DS / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: D/S SUSPENDED PENDING 180 DAYS CLEAR CONDUCT
 LP EMAIL / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: LP 60 DAYS OF E-MAIL PENDING 180 DAYS CLEAR
 CONDUCT

 REPORT NUMBER/STATUS.: 2678727 - SANCTIONED INCIDENT DATE/TIME: 02-02-2015 0730
 DHO HEARING DATE/TIME: 03-16-2015 0900 DHO REPT DEL: 05-29-2015 1520
 FACL/CHAIRPERSON.....: SPG/ROBERTS
 REPORT REMARKS.....: VERBALLY THREATENING STAFF
 331 POSSESSING A NON-HAZARDOUS TOOL - FREQ: 1
 DS / 30 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: D/S FOR 30 DAYS SUSPENDED 180 DAYS CLEAR CONDUCT
 TIME
 LP COMM / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: LP OF 60 DAYS COMMISSARY SUSPENDED 180 DAYS
 CLEAR CONDUCT

 REPORT NUMBER/STATUS.: 2672622 - SANCTIONED INCIDENT DATE/TIME: 01-16-2015 1545
 DHO HEARING DATE/TIME: 03-16-2015 0845 DHO REPT DEL: 05-29-2015 1517
 FACL/CHAIRPERSON.....: SPG/ROBERTS
 REPORT REMARKS.....: VERBAL THREATS TO OFFICER
 203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME
 DS / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: D/S 60 DAYS SUSPENDED PENDING 180 DAYS CLEAR
 CONDUCT

 REPORT NUMBER/STATUS.: 2669071 - SANCTIONED INCIDENT DATE/TIME: 01-07-2015 1425
 DHO HEARING DATE/TIME: 03-16-2015 0830 DHO REPT DEL: 05-22-2015 1415
 FACL/CHAIRPERSON.....: SPG/ROBERTS
 REPORT REMARKS.....: THREATENING TO ASSAULT STAFF
 203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 008 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME...: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ___ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 03-16-2015 0830 REPORT 2669071 CONTINUED
 DS / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: D/S 60 DAYS SUSPENDED PENDING 180 DAYS CLEAR
 CONDUCT

 REPORT NUMBER/STATUS.: 2667591 - SANCTIONED INCIDENT DATE/TIME: 01-03-2015 0640
 DHO HEARING DATE/TIME: 03-16-2015 0815 DHO REPT DEL: 05-29-2015 1515
 FACL/CHAIRPERSON.....: SPG/ROBERTS

REPORT REMARKS.....: VERBALLY THREAT TO OFFICER
 312 BEING INSOLENT TO STAFF MEMBER - FREQ: 1
 LP COMM / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: LP OF COMMISSARY 60 DAYS SUSPENDED PENDING 180
 DAYS CLEAR CONDUCT.
 LP VISIT / 60 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: LP VISITS FOE 60 DAYS SUSPENDED 180 DAYS CLEAR
 CONDUCT

 REPORT NUMBER/STATUS.: 2684245 - SANCTIONED INCIDENT DATE/TIME: 02-18-2015 0910
 DHO HEARING DATE/TIME: 02-27-2015 0815

FACL/CHAIRPERSON.....: SPG/HALFPAPP
 APPEAL CASE NUMBER(S): 812726
 REPORT REMARKS.....: I/M HAD NO COMMENT ON DESTROYING FIBER OPTIC LINES AND
 SHEET METAL IN LAW LIBRARY

218 DESTROYING PROP OVER \$100 - FREQ: 1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GOOD CONDUCT TIME
 LP COMM / 30 DAYS / CS
 COMP: LAW: LP OF COMMISSARY FOR 30 DAYS
 LP PHONE / 30 DAYS / CS
 COMP: LAW: LP TELEPHONE FOR 30 DAYS
 MON REST / 575.00 DOLLARS / CS
 COMP: LAW: MONETARY RESTITUTION OF \$575.00

 REPORT NUMBER/STATUS.: 2608964 - MENTAL F INCIDENT DATE/TIME: 07-23-2014 0950
 DHO HEARING DATE/TIME: 11-13-2014 0800

FACL/CHAIRPERSON.....: SPG/NIKES
 REPORT REMARKS.....: INMATE FOUND COMPETENT, NOT RESPONSIBLE BY HIS
 ORDERING PSYCHIATRIST/PSYCHOLOGIST
 CHARGES: 228 TATTOOING OR SELF-MUTILATION

 REPORT NUMBER/STATUS.: 2586256 - MENTAL F INCIDENT DATE/TIME: 05-21-2014 1325
 MGT HEARING DATE/TIME: 05-27-2014 0701

FACL/CHAIRPERSON.....: NCR/FFRANDLE
 REPORT REMARKS.....: PSYCHOLOGY REPORTS NOT RESPONSIBLE
 CHARGES: 307 REFUSING TO OBEY AN ORDER

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 009 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2586258 - MENTAL F INCIDENT DATE/TIME: 05-21-2014 1430
 MGT HEARING DATE/TIME: 05-27-2014 0700
 FACL/CHAIRPERSON.....: NCR/FFRANDLE
 REPORT REMARKS.....: PSYCHOLOGY REPORTS NOT RESPONSIBLE
 CHARGES: 307 REFUSING TO OBEY AN ORDER

REPORT NUMBER/STATUS.: 2451286 - SANCTIONED INCIDENT DATE/TIME: 05-31-2013 1145
 UDC HEARING DATE/TIME: 08-08-2013 1225
 FACL/UDC/CHAIRPERSON.: FLM/G/D. MCEVOY
 APPEAL CASE NUMBER(S): 746400
 REPORT REMARKS.....: INMATE ADMITTED TO CHARGE
 329 DESTROY PROP \$100 OR LESS - FREQ: 1
 LP COMM / 15 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY
 LP PHONE / 15 DAYS / CS
 COMP: LAW: LOSS OF PHONE

REPORT NUMBER/STATUS.: 2451280 - SANCTIONED INCIDENT DATE/TIME: 05-31-2013 0728
 UDC HEARING DATE/TIME: 08-08-2013 1220
 FACL/UDC/CHAIRPERSON.: FLM/G/D. MCEVOY
 APPEAL CASE NUMBER(S): 746399
 REPORT REMARKS.....: FOUND GUILTY OF CODE 399/329
 329 DESTROY PROP \$100 OR LESS - FREQ: 1
 LP COMM / 30 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY THRU 09-07-2013
 399 DISRUPTIVE CONDUCT-MODERATE - FREQ: 1
 LP PHONE / 30 DAYS / CS
 COMP: LAW: LOSS OF PHONE THRU 09-07-2013

REPORT NUMBER/STATUS.: 2381156 - SANCTIONED INCIDENT DATE/TIME: 11-29-2012 1740
 DHO HEARING DATE/TIME: 07-15-2013 0800
 FACL/CHAIRPERSON.....: FLM/RHODES
 APPEAL CASE NUMBER(S): 726624
 REPORT REMARKS.....: INMATE WAS INSOLENT TOWARDS STAFF.
 312 BEING INSOLENT TO STAFF MEMBER - FREQ: 1
 DS / 15 DAYS / CS
 COMP: LAW: ALREADY SERVED
 LP COMM / 30 DAYS / CS
 COMP: LAW: COMPLETED SANCTION

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	INMATE DISCIPLINE DATA	*	06-30-2017
PAGE 010	*	CHRONOLOGICAL DISCIPLINARY RECORD	*	09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2445224 - SANCTIONED INCIDENT DATE/TIME: 05-14-2013 1815
 DHO HEARING DATE/TIME: 06-21-2013 0907

FACL/CHAIRPERSON.....: FLM/RHODES

REPORT REMARKS.....: INMATE BROKE SPRINKLER HEAD

218 DESTROYING PROP OVER \$100 - FREQ: 1

DIS GCT / 14 DAYS / CS

COMP:020 LAW:P

LP COMM / 30 DAYS / CS

COMP: LAW:

LP PHONE / 30 DAYS / CS

COMP: LAW:

LP VISIT / 30 DAYS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2451284 - SANCTIONED INCIDENT DATE/TIME: 05-31-2013 0734
 DHO HEARING DATE/TIME: 06-21-2013 0905

FACL/CHAIRPERSON.....: FLM/RHODES

REPORT REMARKS.....: INMATE STATED HE WOULD HAVE SKIPPED HIS CUFFS AND KILL
 THE OFFICER

312 BEING INSOLENT TO STAFF MEMBER - FREQ: 1

DS / 15 DAYS / CS

COMP: LAW:

LP PHONE / 30 DAYS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2454283 - SANCTIONED INCIDENT DATE/TIME: 06-08-2013 0807
 DHO HEARING DATE/TIME: 06-21-2013 0902

FACL/CHAIRPERSON.....: FLM/RHODES

REPORT REMARKS.....: INMATE BUSTED OUT THE WINDOW USING BROKEN PIECES OF
 CONCRETE

218 DESTROYING PROP OVER \$100 - FREQ: 1

DIS GCT / 14 DAYS / CS

COMP:020 LAW:P

LP COMM / 30 DAYS / CS

COMP: LAW:

LP VISIT / 30 DAYS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2454005 - SANCTIONED INCIDENT DATE/TIME: 06-07-2013 1350
 DHO HEARING DATE/TIME: 06-21-2013 0900

FACL/CHAIRPERSON.....: FLM/RHODES

REPORT REMARKS.....: INMATE THREATENED TO PUT STAFF MEMBERS IN A BAG AND BURN
 THE INSTITUTION TO THE GROUND

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 011 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME...: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 06-21-2013 0900 REPORT 2454005 CONTINUED

203 THREATENING BODILY HARM - FREQ: 1 ATI: SM1

DIS GCT / 14 DAYS / CS

COMP:020 LAW:P

LP COMM / 30 DAYS / CS

COMP: LAW:

LP PHONE / 30 DAYS / CS

COMP: LAW:

LP VISIT / 30 DAYS / CS

COMP: LAW:

 REPORT NUMBER/STATUS.: 2440623 - SANCTIONED INCIDENT DATE/TIME: 05-03-2013 1835

UDC HEARING DATE/TIME: 06-03-2013 1055

FACL/UDC/CHAIRPERSON.: FLM/G/P RANGEL

REPORT REMARKS.....: INMATE MISUSED MEDICATION BY PLACING A HANDFULL OF PILLS
 IN HIS MOUTH; PSYCH CLEAR

302 MISUSING AUTH MEDICATION - FREQ: 1

LP COMM / 30 DAYS / CS

COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 30 DAYS.

 REPORT NUMBER/STATUS.: 2381573 - NOT RESP INCIDENT DATE/TIME: 11-30-2012 1115

DHO HEARING DATE/TIME: 04-17-2013 0814

FACL/CHAIRPERSON.....: FLM/RHODES

REPORT REMARKS.....: IM NOT RESPONSIBLE FOR ACTIONS PER PSYC EVAL.

CHARGES: 208 INTERFERING WITH SECURY DEVICES

302 MISUSING AUTH MEDICATION

 REPORT NUMBER.....: 2381156 (REHEARD 07-15-2013 0800)

DHO HEARING DATE/TIME: 02-11-2013 0821

 REPORT NUMBER/STATUS.: 2404555 - SANCTIONED INCIDENT DATE/TIME: 01-31-2013 2146

UDC HEARING DATE/TIME: 02-07-2013 1029

FACL/UDC/CHAIRPERSON.: FLM/G/P RANGEL

REPORT REMARKS.....: INMATE STATED HE IS ON STRONG MEDICATION WHICH AFFECTS
 HIS ABILITY TO STAY AWAKE FOR 9:45 PM COUNT/MED VERIF NO

320 FAILING TO STAND COUNT - FREQ: 1

LP OTHER / 15 DAYS / CS

COMP: LAW: LOSS OF PERSONAL PROPERTY FOR 15 DAYS
 (TOTAL 30); HOWEVER, 15 SUSPENDED SEE BELOW.

LP OTHER / 15 DAYS / CS / SUSPENDED 90 DAYS

COMP: LAW: LOSS OF PERSONAL PROPERTY FOR 15 DAYS SUSPENDED
 PENDING 90 DAYS OF CLEAR CONDUCT.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 012 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2076801 - SANCTIONED INCIDENT DATE/TIME: 10-09-2010 2000
 DHO HEARING DATE/TIME: 12-15-2011 1215
 FACL/CHAIRPERSON.....: FLM/GEORGE, J.
 APPEAL CASE NUMBER(S): 694760, 633622
 REPORT REMARKS.....: TAL INCIDENT. ALLEGE STAFF MISCONDUCT. THREW LIQUID ON
 STAFF. TP/COULDN'T CLOSE FOOD SLOT. THEAT STAB. 633622R1

203 THREATENING BODILY HARM - FREQ: 1 ATI: SM1

DIS GCT / 27 DAYS / CS

COMP:020 LAW:P

DS / 15 DAYS / CS

COMP: LAW:

LP OTHER / 60 DAYS / CS

COMP: LAW: IMPOUND PROPERTY.

LP PHONE / 180 DAYS / CS

COMP: LAW:

208 INTERFERING WITH SECURY DEVICES - FREQ: 1

DIS GCT / 27 DAYS / CS

COMP:020 LAW:P

LP COMM / 90 DAYS / CS

COMP: LAW:

LP VISIT / 90 DAYS / CS

COMP: LAW:

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SM1 RFP: D

DIS GCT / 27 DAYS / CS

COMP:020 LAW:P

DS / 30 DAYS / CS

COMP: LAW:

LP OTHER / 180 DAYS / CS

COMP: LAW: PROPERTY

LP OTHER / 60 DAYS / CS

COMP: LAW: IMPOUND PROPERTY.

 REPORT NUMBER/STATUS.: 2108781 - SANCTIONED INCIDENT DATE/TIME: 01-01-2011 1450
 DHO HEARING DATE/TIME: 01-21-2011 1142
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 633625

REPORT REMARKS.....: DENIES THROWING WATER ON STAFF. ADMITS TO BEING INSOLENT

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 6 ATI: SM1 RFP: D

DIS GCT / 27 DAYS / CS

COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE

DS / 30 DAYS / CS

COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 013 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME...: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 01-21-2011 1142 REPORT 2108781 CONTINUED

312 BEING INSOLENT TO STAFF MEMBER - FREQ: 1

DS / 15 DAYS / CS

COMP: LAW: 15 DAYS DISCIPLINARY SEGREGATION - TO PUNISH FOR
 ACTIONS - CONS TO CODE 224

IMPOUND / 15 DAYS / CS

COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 15 DAYS EFFECT.
 10-22-11 THRU 11-5-11 - CONS TO I/R 2076611

 REPORT NUMBER/STATUS.: 2076611 - SANCTIONED INCIDENT DATE/TIME: 10-09-2010 1155

DHO HEARING DATE/TIME: 12-22-2010 1120

FACL/CHAIRPERSON.....: TDG/MITCHELL H

APPEAL CASE NUMBER(S): 633623

REPORT REMARKS.....: CHANGED TO CODE 329

329 DESTROY PROP \$100 OR LESS - FREQ: 1

DS / 15 DAYS / CS

COMP: LAW: 15 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR

IMPOUND / 15 DAYS / CS

COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 15 DAYS EFFECT.
 10-8-11 THRU 10-21-11 - CONS TO I/R 2076801

 REPORT NUMBER.....: 2076801 (REHEARD 12-15-2011 1215)

DHO HEARING DATE/TIME: 12-22-2010 1115

 REPORT NUMBER/STATUS.: 2073534 - SANCTIONED INCIDENT DATE/TIME: 09-30-2010 0917

DHO HEARING DATE/TIME: 12-03-2010 1418

FACL/CHAIRPERSON.....: TDG/MITCHELL H

APPEAL CASE NUMBER(S): 634598

REPORT REMARKS.....: KICKED AND PUNCHED STAFF.

SANCTION CONS TO I/R 2060959

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 5 ATI: SF1 RFP: D

DIS GCT / 27 DAYS / CS

COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE

DS / 30 DAYS / CS

COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR

LP COMM / 9 MONTHS / CS

COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 9 MON. EFFECT.
 2-19-18 THRU 11-18-18

LP PHONE / 9 MONTHS / CS

COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 9 MONTHS EFFECT.
 8-24-15 THRU 5-23-16

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 014 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 12-03-2010 1418 REPORT 2073534 CONTINUED
 LP VISIT / 9 MONTHS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 9 MONTHS EFFECT
 7-28-16 THRU 4-27-17

 REPORT NUMBER/STATUS.: 2073536 - SANCTIONED INCIDENT DATE/TIME: 09-30-2010 0917
 DHO HEARING DATE/TIME: 12-03-2010 1408
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 633624
 REPORT REMARKS.....: THREATENED TO KILL STAFF. CODE 224 DROPPED - SECTION 11
 NOT SUPPORTED

203 THREATENING BODILY HARM - FREQ: 5 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 IMPOUND / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT. 4-21
 -11 THRU 6-19-11 - CONS TO I/R 2060836
 LP COMM / 180 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 180 DAYS EFFECT.
 8-23-17 THRU 2-18-18 - CONS TO I/R 2060836

 REPORT NUMBER/STATUS.: 2060959 - SANCTIONED INCIDENT DATE/TIME: 08-30-2010 1445
 DHO HEARING DATE/TIME: 09-10-2010 1405
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 617040
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG WAIVER OF APEARANCE SIGNED &
 WITNESSED BY STAFF

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 4 ATI: SN1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES0
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 LP PHONE / 180 DAYS / CS
 COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 180 DAYS EFFECT
 2-25-15 THRU 8-23-15 - CONS TO I/R 2039286
 LP VISIT / 180 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 180 DAYS EFFECT.
 01-30-16 THRU 7-27-16 - CONS TO I/R 2060836

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 015 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 2060836 - SANCTIONED INCIDENT DATE/TIME: 08-30-2010 1350
 DHO HEARING DATE/TIME: 09-10-2010 1400
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 617042
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG-WAIVER OF APPEARANCE SIGNED &
 WITNESSED BY STAFF

103 SETTING A FIRE - FREQ: 4
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 45 DAYS / CS
 COMP: LAW: 45 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 LP COMM / 365 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 365 DAYS EFFECT.
 8-23-16 THRU 8-22-17 - CONS TO I/R 2033414
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 2-24-11 THRU 4-20-11 - CONS TO I/R 2044119

 REPORT NUMBER/STATUS.: 2044119 - SANCTIONED INCIDENT DATE/TIME: 07-22-2010 1000
 DHO HEARING DATE/TIME: 07-30-2010 1243
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG. WAIVER OF APPEARANCE SIGNED
 AND WITNESSED

203 THREATENING BODILY HARM - FREQ: 4 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER
 BEHAVIOR
 IMPOUND / 60 DAYS / CS
 COMP: LAW: IMPOPUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 12-27-10 THRU 2-25-11 - CONS TO I/R 2044118

 REPORT NUMBER/STATUS.: 2044118 - SANCTIONED INCIDENT DATE/TIME: 07-22-2010 0930
 DHO HEARING DATE/TIME: 07-30-2010 1239
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG. WAIVER OF APPEARANCE SIGNED
 AND WITNESSED

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 016 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 07-30-2010 1239 REPORT 2044118 CONTINUED

104 POSSESSING A DANGEROUS WEAPON - FREQ: 4
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 10-28-10 THRU 12-26-10 - CONS TO I/R 2039286
 LP VISIT / 365 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 365 DAYS EFFECT.
 12-18-15 THRU 12-16

 REPORT NUMBER/STATUS.: 2039286 - SANCTIONED INCIDENT DATE/TIME: 07-11-2010 0855
 DHO HEARING DATE/TIME: 07-30-2010 1236
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 606649
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG. WAIVER OF APPEARANCE SIGNED
 AND WITNESSED

104 POSSESSING A DANGEROUS WEAPON - FREQ: 3
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 8-29-10 THRU 10-27-10 - CONSTO I/R 20269890--
 LP PHONE / 365 DAYS / CS
 COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 365 DAYS EFFECT.
 2-25-14 THRU 2-24-15 - CONS TO I/R 1916691

 REPORT NUMBER/STATUS.: 2033414 - SANCTIONED INCIDENT DATE/TIME: 06-25-2010 1855
 DHO HEARING DATE/TIME: 07-30-2010 1229
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 608059
 REPORT REMARKS.....: REFUSED TO APPEAR AT THE HEARING. WAIVER OF APPEARANCE
 SIGNED AND WITNESSED - FOUND GUILTY OF CODE 101

101 ASSAULTING WITH SERIOUS INJURY - FREQ: 2 ATI: IC4 RFP: D
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 017 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 07-30-2010 1229 REPORT 2033414 CONTINUED
 LP COMM / 365 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 365 DAYS EFFECT.
 8-24-15 THRU 8-22-16 - CONS TO I/R 1944592
 LP VISIT / 365 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 365 DAYS EFFECT.
 12-19-13 THRU 12-17-14

 REPORT NUMBER/STATUS.: 2026989 - SANCTIONED INCIDENT DATE/TIME: 06-09-2010 1327
 DHO HEARING DATE/TIME: 07-30-2010 1221
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 REPORT REMARKS.....: REFUSED TO APPEAR AT HRG. WAIVER OF APPEARANCE SIGNED
 AND WITNESSED

203 THREATENING BODILY HARM - FREQ: 3 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE
 DS / 15 DAYS / CS
 COMP: LAW: 15 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 IMPOUND / 30 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 30 DAYS EFFECT.
 7-30-10 THRU 8-28-10

 REPORT NUMBER/STATUS.: 1944592 - SANCTIONED INCIDENT DATE/TIME: 11-16-2009 1520
 DHO HEARING DATE/TIME: 12-04-2009 1245
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 577023
 REPORT REMARKS.....: ADMITS TO HAVING WEAPON

104 POSSESSING A DANGEROUS WEAPON - FREQ: 3
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 60 DAYS / CS
 COMP: LAW: 60 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TO I/R 1916691
 LP COMM / 365 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 365 DAYS EFFECT.
 08-24-14 THRU 08-23-15 - CONS TO I/R 1916691
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 06-20-10 - CONS TO I/R 1916691
 LP VISIT / 365 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 365 DAYS EFFECT.
 12-19-12 THRU 12-18-13 - CONS TO I/R 1916691

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 018 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 1916691 - SANCTIONED INCIDENT DATE/TIME: 09-10-2009 0859
 DHO HEARING DATE/TIME: 12-04-2009 1230
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 576868
 REPORT REMARKS.....: STATED CODES 104 AND 101 WERE TRUE. DENIES CODE 107
 101A ASSAULTING WITH SERIOUS INJURY - FREQ: 1 ATI: IB2 RFP: D
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TO CODE 107
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT.
 04-22-10
 LP VISIT / 365 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 365 DAYS EFFECT.
 12-20-11 THRU 12-18-12 - CONS TO I/R 1940984
 104 POSSESSING A DANGEROUS WEAPON - FREQ: 2
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 LP COMM / 365 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 365 DAYS EFFECT.
 08-24-13 THRU 08-23-14 - CONS TO I/R 1918202
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT. 12-2
 4-09 THRU 02-22-10 - CONS TO I/R 1916477
 107 TAKING HOSTAGE(S) - FREQ: 1 ATI: IB2
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TO CODE 104
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 60 DAYS EFFECT. 02-
 22-10 - CONS TO CODE 104
 LP PHONE / 365 DAYS / CS
 COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 365 DAYS EFFECT.
 02-25-13 THRU 02-24-14 - CONS TO I/R 1918202

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 019 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 1940984 - SANCTIONED INCIDENT DATE/TIME: 11-07-2009 1440
 DHO HEARING DATE/TIME: 11-24-2009 1505
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 577022
 REPORT REMARKS.....: ADMITS TO CHARGE
 103 SETTING A FIRE - FREQ: 3
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TTO I/R 1916477
 LP VISIT / 270 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 270 DAYS EFFECT.
 03-25-2011 THRU 12-19-11 - CONS TO I/R 1918202

REPORT NUMBER/STATUS.: 1918202 - SANCTIONED INCIDENT DATE/TIME: 09-14-2009 1311
 DHO HEARING DATE/TIME: 11-24-2009 1456
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 APPEAL CASE NUMBER(S): 577627
 REPORT REMARKS.....: FOUND GUILTY OF CODES 224A AND 203. CODE 312 DROPPED -
 NOT WARRANTED

203 THREATENING BODILY HARM - FREQ: 2 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TO CODE 224A
 LP COMM / 180 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY PRIVILEGES FOR 180 DAYS EFFECT.
 02-25-13 THRU 08-23-13 - CONS TO I/R 1887173
 224A ASSAULTING W/O SERIOUS INJURY - FREQ: 5 ATI: SF1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE (DHO RECOGNIZES ALLOWANCES)
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR - CONS TO I/R 1887173
 LP PHONE / 180 DAYS / CS
 COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 180 DAYS EFFECT.
 8-25-12 THRU 02-24-13 - CONS TO I/R 1887173

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 020 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 11-24-2009 1456 REPORT 1918202 CONTINUED
 LP VISIT / 180 DAYS / CS
 COMP: LAW: LOSS OF VISITING PRIVILEGES FOR 180 DAYS EFFECT.
 09-26-10 THRU 03-25-11 - CONS TO I/R 1887173

 REPORT NUMBER/STATUS.: 1916477 - SANCTIONED INCIDENT DATE/TIME: 09-09-2009 0950
 DHO HEARING DATE/TIME: 11-24-2009 1452
 FACL/CHAIRPERSON.....: TDG/MITCHELL H
 REPORT REMARKS.....: ADMITS TO CHARGE

103 SETTING A FIRE - FREQ: 2
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GOOD CONDUCT TIME - PLRA SENTENCE
 PROCEDURE
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DISCIPLINARY SEGREGATION - TO DETER FUTURE
 BEHAVIOR
 LP OTHER / 30 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY FOR 30 DAYS EFFECT.
 11-24-09 THRU 12-23-09

 REPORT NUMBER/STATUS.: 1887173 - SANCTIONED INCIDENT DATE/TIME: 06-30-2009 0855
 DHO HEARING DATE/TIME: 07-07-2009 0930
 FACL/CHAIRPERSON.....: CLP/T. LANE
 APPEAL CASE NUMBER(S): 553593, 549461
 REPORT REMARKS.....: I/M FOUND TO HAVE VIOLATED THE PROHIBITED ACT. I/M
 ATTEMPTED TO HARM STAFF WITH A SHARPENED WEAPON. DENIES

101A ASSAULTING WITH SERIOUS INJURY - FREQ: 1 ATI: SC1 RFP: D
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P
 DS / 60 DAYS / CS
 COMP: LAW:
 LP OTHER / 60 DAYS / CS
 COMP: LAW: IMPOUND ALL PERSONAL PROPERTY FOR 60 DAYS.
 LP VISIT / 1 YEARS / CS
 COMP: LAW: RESTORE 09-25-2010
 104 POSSESSING A DANGEROUS WEAPON - FREQ: 1
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P
 DS / 60 DAYS / CS
 COMP: LAW:
 LP COMM / 1 YEARS / CS
 COMP: LAW: RESTORE 02-24-2013 - ADDED TO PREVIOUS SANCTION
 LP PHONE / 1 YEARS / CS
 COMP: LAW: RESTORE 08-24-2012 - ADDED TO PREVIOUS SANCTION

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 022 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 1826068 - SANCTIONED INCIDENT DATE/TIME: 01-26-2009 1015
 DHO HEARING DATE/TIME: 05-08-2009 0615
 FACL/CHAIRPERSON.....: CLP/T. LANE
 APPEAL CASE NUMBER(S): 620844
 REPORT REMARKS.....: I/M FOUND TO HAVE VIOLATED THE PROHIBITED ACT OF ASSLT.
 (STAFF). WAIVED DHO HEARING. PLRA SENT.
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 3 ATI: SN1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 60 DAYS / CS
 COMP: LAW: AMOUNT DUE TO FREQUENCY
 LP COMM / 1 YEARS / CS
 COMP: LAW: RESTORE ON 08-24-2010
 LP PHONE / 1 YEARS / CS
 COMP: LAW: RESTORE ON 08-24-2010 - ADDED TO PREVIOUS SANCTION
 TRANSFER / CS
 COMP: LAW: RECOMMEND DISCIPLINARY TRANSFER

REPORT NUMBER/STATUS.: 1826063 - SANCTIONED INCIDENT DATE/TIME: 01-26-2009 0725
 DHO HEARING DATE/TIME: 02-26-2009 1230
 FACL/CHAIRPERSON.....: CLP/S DAVIS
 REPORT REMARKS.....: INMATE DENIES ASSAULT UPON STAFF. GREATER WEIGHT WITH
 STAFF OBSERVATIONS.
 HEARING IS ALSO BASIS FOR EXECUTION OF LP PHONE SUSPENDED 12-10-2008 0910
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 2 ATI: SF1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P 27 DAYS DISALLOWED TO DETER FUTURE BEHAVIOR OF
 THIS NATURE.
 DS / 30 DAYS / CC
 COMP: LAW: 30 DAYS DS EFFECTIVE 2-26-09 THRU 03-27-09.
 LP COMM / 6 MONTHS / CC
 COMP: LAW: 6 MONTHS LOSS OF COMMISSARY PRIVILEGES EFFECTIVE
 02-26-09 THRU 08-25-09.
 LP PHONE / 6 MONTHS / CC
 COMP: LAW: 6 MONTHS LOSS OF PHONE EFFECTIVE 02-26-09 THRU
 08-25-09.
 LP VISIT / 6 MONTHS / CC
 COMP: LAW: 6 MONTHS LOSS OF SOCIAL VISITING PRIVILEGES
 EFFECTIVE 02-26-09 THRU 08-25-09.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 023 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

 REPORT NUMBER/STATUS.: 1826070 - SANCTIONED INCIDENT DATE/TIME: 01-26-2009 1013
 DHO HEARING DATE/TIME: 02-26-2009 0933
 FACL/CHAIRPERSON.....: CLP/SCHLEDER S
 REPORT REMARKS.....: DENIED CHARGE. THREAT TOWARD STAFF
 203 THREATENING BODILY HARM - FREQ: 4 ATI: SCL
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DIS SEG

REPORT NUMBER/STATUS.: 1807164 - SANCTIONED INCIDENT DATE/TIME: 12-04-2008 0755
 DHO HEARING DATE/TIME: 12-10-2008 0910
 FACL/CHAIRPERSON.....: HOU/BICKLE C
 REPORT REMARKS.....: DENIED SPITTING ON OFFICER; STATED IT WAS POSSIBLE BUT
 HIGHLY UNLIKELY; ADMITTED BEING INSOLENT & THREATFUL
 299 DISRUPTIVE CONDUCT-HIGH - FREQ: 1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 30 DAYS / CS
 COMP: LAW:
 FF NVGCT / 21 DAYS / CS
 COMP:020 LAW:P
 LP COMM / 365 DAYS / CS
 COMP: LAW:
 LP PHONE / 365 DAYS / CS / SUSPENDED 180 DAYS
 EXECUTED BASED ON HEARING OF 02-26-2009 1230
 COMP: LAW: 1 YEAR LP PHONE SUSPENDED FOR 180 DAYS PENDING
 CLEAR CONDUCT
 LP VISIT / 365 DAYS / CS
 COMP: LAW:
 TRANSFER / CS
 COMP: LAW: DISCIPLINARY TRANSFER RECOMMENDED

REPORT NUMBER/STATUS.: 1740713 - SANCTIONED INCIDENT DATE/TIME: 06-05-2008 1105
 DHO HEARING DATE/TIME: 07-17-2008 1242
 FACL/CHAIRPERSON.....: HOU/R. ROBERTS
 REPORT REMARKS.....: I/M ADMITTED GUILT AND ACCEPTED RESPONSIBILITY FOR ACTIO
 NS.
 203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1
 DIS GCT / 14 DAYS / CS
 COMP:020 LAW:P
 DS / 15 DAYS / CS
 COMP: LAW:

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 024 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 07-17-2008 1242 REPORT 1740713 CONTINUED

312 BEING INSOLENT TO STAFF MEMBER - FREQ: 1
 DIS GCT / 7 DAYS / CS
 COMP:020 LAW:P
 DS / 15 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW:

 REPORT NUMBER/STATUS.: 1740729 - SANCTIONED INCIDENT DATE/TIME: 06-05-2008 0915

DHO HEARING DATE/TIME: 06-12-2008 1339

FACL/CHAIRPERSON.....: HOU/R. ROBERTS

APPEAL CASE NUMBER(S): 502509

REPORT REMARKS.....: I/M NO COMMENT. THIS IS A REPETATIVE CHARGE.

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 2 ATI: IN1 RFP: D

DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DGCT FOR SPITTING ON STAFF.

DS / 45 DAYS / CS
 COMP: LAW: DS FOR SPITTING ON STAFF.

312 BEING INSOLENT TO STAFF MEMBER - FREQ: 2

LP COMM / 365 DAYS / CS
 COMP: LAW: LP COMM FOR USING PROFANITY TOWARDS STAFF AFTER
 SPITTING ON THEM.

LP PHONE / 365 DAYS / CS
 COMP: LAW: LP PHONE FOR USING PROFANITY TOWARDS STAFF AFTER
 SPITTING ON THEM.

 REPORT NUMBER/STATUS.: 1739204 - SANCTIONED INCIDENT DATE/TIME: 06-01-2008 1935

DHO HEARING DATE/TIME: 06-12-2008 1325

FACL/CHAIRPERSON.....: HOU/R. ROBERTS

APPEAL CASE NUMBER(S): 502508

REPORT REMARKS.....: I/M ADMITTED HE SPAT AT STAFF BECAUSE SHE DISRESPECTED
 HIM

224A ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: IN1 RFP: D

DIS GCT / 14 DAYS / CS
 COMP:020 LAW:P DGCT FOR SPITTING AT STAFF.

DS / 15 DAYS / CS
 COMP: LAW: DS FOR SPITTING AT STAFF.

 REPORT NUMBER/STATUS.: 1678448 - SANCTIONED INCIDENT DATE/TIME: 12-16-2007 0652

DHO HEARING DATE/TIME: 12-28-2007 1005

FACL/CHAIRPERSON.....: FLP/M. DUNLAP

APPEAL CASE NUMBER(S): 478654

REPORT REMARKS.....: INMATE WAS FOUND TO HAVE COMMITTED THE PROHIBITED ACT OF
 CODE 203 AND 224.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW	*	INMATE DISCIPLINE DATA	*	06-30-2017
PAGE 025	*	CHRONOLOGICAL DISCIPLINARY RECORD	*	09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 12-28-2007 1005 REPORT 1678448 CONTINUED

203 THREATENING BODILY HARM - FREQ: 2 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DS.

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 9 ATI: SH1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS DS.
 LP COMM / 1 YEARS / CS
 COMP: LAW: LOSS OF COMMISSARY FOR 1 YEAR.
 LP OTHER / 1 YEARS / CS
 COMP: LAW: LOSS OF PROPERTY FOR 1 YEAR.
 LP PHONE / 1 YEARS / CS
 COMP: LAW: LOSS OF PHONE FOR 1 YEAR.
 LP VISIT / 1 YEARS / CS
 COMP: LAW: LOSS OF VISITS FOR 1 YEAR.
 LP VISITRS / 1 YEARS / CS
 COMP: LAW: LOSS OF VISITRS FOR 1 YEAR.
 TRANSFER / CS
 COMP: LAW: RECOMMENDED A DISCIPLINARY TRANSFER.

 REPORT NUMBER/STATUS.: 1668696 - SANCTIONED INCIDENT DATE/TIME: 11-18-2007 1530
 DHO HEARING DATE/TIME: 12-07-2007 1210
 FACL/CHAIRPERSON.....: FLP/M. DUNLAP
 REPORT REMARKS.....: INMATE WAS FOUND TO HAVE COMMITTED THE PROHIBITED ACT OF
 CODE 307

307 REFUSING TO OBEY AN ORDER - FREQ: 2
 DIS GCT / 14 DAYS / CS
 COMP:020 LAW:P DISALLOW 14 DAYS GCT.
 LP COMM / 30 DAYS / CS
 COMP: LAW: LOSS OF COMMISSARY FOR 30 DAYS.

 REPORT NUMBER/STATUS.: 1655656 - SANCTIONED INCIDENT DATE/TIME: 10-15-2007 1849
 DHO HEARING DATE/TIME: 11-02-2007 0953
 FACL/CHAIRPERSON.....: FLP/M. DUNLAP
 APPEAL CASE NUMBER(S): 476524
 REPORT REMARKS.....: INMATE ADMITS TO A 101 ON INMATE WITH SHARP WEAPON TO TH
 E FACE AND HEAD.

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 2 ATI: IC3 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 026 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 11-02-2007 0953 REPORT 1655656 CONTINUED

DS / 30 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: 30 DAYS DS SUSPENDED 180.
 LP COMM / 1 YEARS / CS
 COMP: LAW: LOSS OF COMMISSARY FOR 1 YEAR.
 LP PHONE / 1 YEARS / CS
 COMP: LAW: LOSS OF PHONE FOR 1 YEAR.
 LP VISIT / 1 YEARS / CS
 COMP: LAW: LOSS OF VISITS FOR 1 YEAR.

 REPORT NUMBER/STATUS.: 1655131 - SANCTIONED INCIDENT DATE/TIME: 10-14-2007 1010
 DHO HEARING DATE/TIME: 11-02-2007 0951
 FACL/CHAIRPERSON.....: FLP/M. DUNLAP
 APPEAL CASE NUMBER(S): 495749
 REPORT REMARKS.....: INMATE ADMITS. IT WAS A CHECK IN MOVE.

104 POSSESSING A DANGEROUS WEAPON - FREQ: 2
 DIS GCT / 41 DAYS / CS
 COMP:020 LAW:P DISALLOW 41 DAYS GCT.
 DS / 30 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: 30 DAYS DS SUSPENDED 180.

 REPORT NUMBER/STATUS.: 1634068 - SANCTIONED INCIDENT DATE/TIME: 08-18-2007 2127
 DHO HEARING DATE/TIME: 11-02-2007 0947
 FACL/CHAIRPERSON.....: FLP/M. DUNLAP
 REPORT REMARKS.....: INMATE ADMITS TO A 224 ON INMATE WITH CLOSED FISTS.

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 2 ATI: IF1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS GCT.
 DS / 30 DAYS / CS / SUSPENDED 180 DAYS
 COMP: LAW: 30 DAYS DS SUSPENDED 180.

 REPORT NUMBER/STATUS.: 1642331 - SANCTIONED INCIDENT DATE/TIME: 09-09-2007 2245
 DHO HEARING DATE/TIME: 09-13-2007 1440
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 REPORT REMARKS.....: INMATE REFUSED TO APPEAR AT DHO/SIGNED WAIVER. INMATE
 CUT CELL MATE WITH RAZOR.

101 ASSAULTING WITH SERIOUS INJURY - FREQ: 1 ATI: IB1 RFP: D
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS OF GCT.
 DS / 60 DAYS / CS
 COMP: LAW: 60 DAYS D/S FROM 03-23-08 TO 05-23-08.
 LP OTHER / 1 YEARS / CS
 COMP: LAW: 1 YEAR LOSS OF PERSONAL PROPERTY FROM 9-13-07 TO
 9-13-08.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 027 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 09-13-2007 1440 REPORT 1642331 CONTINUED
 TRANSFER / CS
 COMP: LAW: RECOMMEND DISCIPLINARY TRANSFER.

 REPORT NUMBER/STATUS.: 1639219 - SANCTIONED INCIDENT DATE/TIME: 08-31-2007 1040
 DHO HEARING DATE/TIME: 09-04-2007 1335
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 REPORT REMARKS.....: INMATE OBSERVED FIGHTING WITH ANOTHER IN SHU CELL/NOT
 AGGRESSOR.

201 FIGHTING WITH ANOTHER PERSON - FREQ: 1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S (CONSECUTIVE)=TOTAL 60 DAYS FROM
 1-23-08 TO 3-23-08.

 REPORT NUMBER/STATUS.: 1638938 - SANCTIONED INCIDENT DATE/TIME: 08-30-2007 1130
 DHO HEARING DATE/TIME: 09-04-2007 1330
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 REPORT REMARKS.....: INMATE BROKE FOOD TRAY AND THREATENED TO HURT INMATE
 AND STAFF.

203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S (CONSECUTIVE)=TOTAL 60 DAYS FROM
 1-23-08 TO 3-23-08.
 LP PHONE / 6 MONTHS / CS
 COMP: LAW: 6 MONTHS LOSS OF PHONE FROM 02-20-08 TO 8-20-08.

 REPORT NUMBER/STATUS.: 1629478 - SANCTIONED INCIDENT DATE/TIME: 08-07-2007 1345
 DHO HEARING DATE/TIME: 08-16-2007 1055
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 REPORT REMARKS.....: INMATE ADMITTED TO HAVING WEAPON.

104 POSSESSING A DANGEROUS WEAPON - FREQ: 1
 DIS GCT / 40 DAYS / CS
 COMP:020 LAW:P DISALLOW 40 DAYS GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S (CONSECUTIVE)=TOTAL 90 DAYS FROM
 10-23-07 TO 01-23-09.
 203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GCT.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 028 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 08-16-2007 1055 REPORT 1629478 CONTINUED
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S (CONSECUTIVE)=TOTAL 90 DAYS FROM
 10-23-07 TO 01-23-09.
 LP PHONE / 6 MONTHS / CS
 COMP: LAW: 6 MONTHS LOSS OF PHONE FROM 8-20-07 TO 2-20-09.

 REPORT NUMBER/STATUS.: 1627833 - SANCTIONED INCIDENT DATE/TIME: 08-01-2007 2000
 DHO HEARING DATE/TIME: 08-16-2007 1050
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 APPEAL CASE NUMBER(S): 470582, 465137
 REPORT REMARKS.....: INMATE DAMAGED CELL DOOR/CLAIMED ALREADY DONE.
 329 DESTROY PROP \$100 OR LESS - FREQ: 1
 LP VISIT / 6 MONTHS / CS
 COMP: LAW: 6 MONTHS LOSS OF VISITS FROM 10-23-08 TO 4-23-09.

 REPORT NUMBER/STATUS.: 1625273 - SANCTIONED INCIDENT DATE/TIME: 07-26-2007 1620
 DHO HEARING DATE/TIME: 08-09-2007 1120
 FACL/CHAIRPERSON.....: BMP/JOHNSON
 REPORT REMARKS.....: INMATE PINSON WAS FOUND GUILTY OF CODE 224, ASSAULT AND
 307, REFUSING AN ORDER.
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SF1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 30 DAYS / CS
 COMP: LAW:
 307 REFUSING TO OBEY AN ORDER - FREQ: 1
 LP COMM / 90 DAYS / CS
 COMP: LAW: LOSE COMMISSARY FOR 90 DAYS CONSECUTIVE WITH I.R.
 1623280 FROM 08/20/08 TO 11/20/08.

 REPORT NUMBER/STATUS.: 1623280 - SANCTIONED INCIDENT DATE/TIME: 07-23-2007 1030
 DHO HEARING DATE/TIME: 08-09-2007 1100
 FACL/CHAIRPERSON.....: BMP/JOHNSON
 REPORT REMARKS.....: INMATE PINSON WAS FOUND GUILTY OF CODE 224, ASSAULT.
 224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: SH1 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 30 DAYS / CS
 COMP: LAW:
 LP COMM / 90 DAYS / CS
 COMP: LAW: LOSE COMMISSARY FOR 90 DAYS CONSECUTIVE WITH I.R.
 1620969 FROM 05/20/08 TO 08/20/08

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 029 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME.: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 08-09-2007 1100 REPORT 1623280 CONTINUED
 LP PHONE / 90 DAYS / CS
 COMP: LAW: LOSE TELEPHONE FOR 90 DAYS CONSECUTIV WITH I.R. 16
 20969 FROM 05/20/08 TO 08/20/08
 LP VISIT / 3 MONTHS / CS
 COMP: LAW: 3 MONTHS LOSS OF VISITS FROM 07/23/08 TO 10/23/08

 REPORT NUMBER/STATUS.: 1620969 - SANCTIONED INCIDENT DATE/TIME: 07-16-2007 1915
 DHO HEARING DATE/TIME: 07-23-2007 1030
 FACL/CHAIRPERSON.....: BMP/ADDUCI J
 REPORT REMARKS.....: INMATE ADMITTED CHARGE

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: IF2 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 30 DAYS / CS
 COMP: LAW:
 LP COMM / 180 DAYS / CS
 COMP: LAW: LOSE COMMISSARY FOR 180 DAYS CONSECUTIVE WITH I.R.
 #1619674 FROM 11/20/07 TO 5/20/08
 LP PHONE / 180 DAYS / CS
 COMP: LAW: LOSE TELEPHONE FOR 180 DAYS CONSECUTIVE WITH I.R.#
 1619674 FROM 11/20/07 TO 5/20/08
 LP VISIT / 6 MONTHS / CS
 COMP: LAW: 6 MONTHS LOSS OF VISITS (CONSECUTIVE)=TOTAL 1 YEAR
 FROM 07-23-07 TO 07-23-08.

 REPORT NUMBER/STATUS.: 1619674 - SANCTIONED INCIDENT DATE/TIME: 07-13-2007 0257
 DHO HEARING DATE/TIME: 07-23-2007 1029
 FACL/CHAIRPERSON.....: BMP/ADDUCI J
 APPEAL CASE NUMBER(S): 465140
 REPORT REMARKS.....: INMATE ADMITTED STABBING INMATE

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: IC2 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P
 DS / 30 DAYS / CS
 COMP: LAW:
 LP COMM / 90 DAYS / CS
 COMP: LAW: LOSE COMMISSARY FOR 90 DAYS CONSECUTIVE WITH I.R.#
 1610661 FROM 8/20/07 TO 11/20/07
 LP PHONE / 90 DAYS / CS
 COMP: LAW: LOSE TELEPHONE FOR 90 DAYS CONSECUTIVE WITH I.R.#1
 1610661 FROM 8/20/07 TO 11/20/07
 LP VISIT / 6 MONTHS / CS
 COMP: LAW: 6 MONTHS LOSS OF VISITS (CONSECUTIVE)=TOTAL 1 YEAR
 FROM 07-23-07 TO 07-23-08.

G0002 MORE PAGES TO FOLLOW . . .

ALPMW * INMATE DISCIPLINE DATA * 06-30-2017
 PAGE 030 OF 030 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:03:48

REGISTER NO: 16267-064 NAME...: PINSON, JEREMY VAUGHN
 FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-30-2017

DHO HEARING DATE/TIME: 07-23-2007 1029 REPORT 1619674 CONTINUED
 TRANSFER / CS
 COMP: LAW: DISCIPLINARY TRANSFER

 REPORT NUMBER/STATUS.: 1610661 - SANCTIONED INCIDENT DATE/TIME: 06-16-2007 2200
 DHO HEARING DATE/TIME: 06-20-2007 1430
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 APPEAL CASE NUMBER(S): 460998
 REPORT REMARKS.....: INMATE ADMITTED TO ASSAULTING ANOTHER INMATE WITH
 WEAPON.

224 ASSAULTING W/O SERIOUS INJURY - FREQ: 1 ATI: IB2 RFP: D
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S FROM 06-20-07 TO 08-20-07
 (CPT'S DISCRETION).
 LP COMM / 60 DAYS / CS
 COMP: LAW: 60 DAYS LOSS OF COMMISSARY FROM 6-20-07 TO
 08-20-07.
 LP PHONE / 60 DAYS / CS
 COMP: LAW: 60 DAYS LOSS OF PHONE FROM 6-20-07 TO
 08-20-07.
 TRANSFER / CS
 COMP: LAW: RECOMMEND DISCIPLINARY TRANSFER.

 REPORT NUMBER/STATUS.: 1605511 - SANCTIONED INCIDENT DATE/TIME: 06-01-2007 1308
 DHO HEARING DATE/TIME: 06-08-2007 0952
 FACL/CHAIRPERSON.....: BMP/ADDUCI J.
 REPORT REMARKS.....: INMATE HAD NO COMMENT.

209 ADULTERING FOOD OR DRINK - FREQ: 1
 DIS GCT / 27 DAYS / CS
 COMP:020 LAW:P DISALLOW 27 DAYS OF GCT.
 DS / 30 DAYS / CS
 COMP: LAW: 30 DAYS D/S.
 LP OTHER / 10 DAYS / CS
 COMP: LAW: IMPOUND PERSONAL PROPERTY.

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**JEREMY PINSON,****Plaintiff****vs.****UNITED STATES, et al****Defendants****CIVIL ACTION NO. 1:17-cv-00584****DECLARATION OF A. HANDEL**

1. I am employed by the Federal Bureau of Prisons (hereafter "BOP"), as a Psychologist assigned to the United States Penitentiary, Allenwood, PA (hereafter "USP Allenwood"). As a part of my duties and responsibilities, I have access to inmates' records and BOP Program Statements. I certify that the Attachments referenced herein are maintained in the ordinary course of business and are true and accurate to the best of my knowledge.

2. The Plaintiff, Jeremy Pinson, federal register number 16267-064, is a federal inmate currently confined in the Federal Medical Center ("FMC"), Rochester, MN. Pinson was assigned to USP Allenwood from March 10, 2016 through July 18, 2016.

3. Pinson self-identified as female and will be referred to as such for the remainder of my declaration.

4. Pinson has an extensive psychology record for the time she was assigned to USP Allenwood. Psychology records from March 1, 2016 through August 1, 2016, are in excess of 120 pages (not including medical records). While housed at USP Allenwood (approximately 20 weeks) she was seen in person by me approximately thirty-one times. She was also seen by

other psychologists as well. **See attached BOP psychology records for Pinson from March 1, 2016 through August 1, 2016, (disc)**

Highlight of Psychology clinical contact while at USP Allenwood (not exhaustive)

5. Upon arrival to USP Allenwood on March 10, 2016, Pinson received an intake screening by the Psychology department. I noted that Pinson had an extensive history of mental illness dating back to the age of ten. She also noted during periods of anger, Pinson had been identified as someone who hurts others (people and animals) with objects including knives. In 2015 Pinson was diagnosed with Gender Dysphoria. Treatment included therapy sessions focused on depressive issues related to Gender Dysphoria as well as improving DBT (behavior therapy to identify obstacles to changing emotions; reduce vulnerability to emotion mind; increase positive emotional events; increase mindfulness to current emotions; apply distress tolerance techniques) skills.

6. In my March 10, 2016, encounter record, I noted throughout the incarceration with the BOP Pinson regularly received individual counseling but continued to engage in self-harm (cutting wrists, swallowing pills, cutting testicles). I further noted that suicidal ideation was denied by Pinson and she also denied any thoughts of self-harm or significant distressing emotions. Current concerns were noted as engaging in self harm due to poor distress tolerance and perceived lack of control. There had been two occasions prior to arrival at USP Allenwood where Pinson engaged in genitalia mutilation for being distressed over having a penis rather than a vagina. It was recommended that Pinson could be placed into general population but was being placed in the Special Housing Unit until cleared by custody. It was recommended Pinson

have a cell mate as a protective factor, especially while house in SHU. **See Psychology Alert Screening, dated March 10, 2016**

7. Pinson was determined to be a care level 3 mental health inmate. As such, policy required that Pinson be seen weekly and was seen in a private session. I saw her frequently more often than the one a week session. Pinson would often claim suicidal thoughts in order to get me to see her but then would focus on things such as personal property or hygiene items. I concluded in these instances that there were no genuine suicidal thoughts or intent to self-harm but rather attempts to manipulate staff in order to obtain things she wanted. A true suicidal inmate would not have concerns about hygiene items or personal property items.

8. March 11, 2016: Pinson requested to speak with Psychology services. I saw her in a private SH Office. She discussed a number of issues throughout the session. Discussion included belief that she did better having a cell mate (which he was provided upon placement in SHU). Pinson spoke positively about her recreation time that day. Discussion also included issues with her mattress. Thought process was noted as logical, coherent, and goal oriented. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan. It is not uncommon for someone to tell you they are considering self-harm or suicide, though not always. Therefore, it is a regular question we/psychologists ask during an encounter.

9. March 15, 2016: I again met with Pinson to discuss her safety concerns for entering general population and desire to remain in protective custody ("PC") in the Special Housing Unit ("SHU"). She wanted transferred to another facility. She reported wanting her property, mainly her female undergarments. I noted discussing coping skills and that Pinson had a more positive

outlook than when she first arrived to USP Allenwood. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

10. March 18, 2016: Inmate review for SHU. Inmate reported no mental health concerns. SHU staff reported no observed mental health problems or issues with the inmate.

11. March 22, 2016: I saw Pinson in a private office in SHU. Pinson expressed feelings of relief and satisfaction with current cell mate. She indicated having a positive cell mate helps avoid self-injurious behavior. Pinson was scheduled to participate in a tele-psychiatry consult later that week to discuss psychiatric medication regiment. Pinson again asked about her "appropriate undergarments". It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

12. April 5, 2016: I saw Pinson in a private office in the SHU. Pinson reported mood swings since switching to new estrogen medication. Stated she stated was able to deal with the mood swings. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

13. April 11, 2016: I noted Pinson met the criteria to be considered a care level 3 mental health inmate requiring enhanced outpatient mental health care and would be seen weekly. It was noted when Pinson grows frustrated she threatens to sue staff and engage in self harming behaviors. It was also noted Pinson had a long history of inappropriate, intense anger or difficulty controlling her anger. She was prescribed anti-psychotic medication.

14. In reviewing the April 11, 2016, notes I commented that Pinson was an inmate who would attempt to manipulate staff by threatening suicide or self-harm in order to achieve secondary gain such as "appropriate undergarments". I also commented that with Pinson, efforts were made not only to keep this inmate safe from harm by others and self-harm but also trying to

treat her medical and mental condition. I exerted great effort in balancing the dual goals of keeping Pinson safe while also providing treatment and being sensitive to the unique needs of an inmate with Gender Dysphoria- Transgender.

15. April 18, 2016: Pinson reported a PREA (Prison Rape Elimination Act) incident that occurred on the housing unit. She was interviewed by Psychology. Pinson was offered access to a victim advocate from the local community. She declined the information and services from this victim advocate.

16. April 21, 2016: It was noted Pinson had recently been released to the compound from SHU. It was noted she was housed in the ADX but was adjusting to living in an open space versus being locked down. Pinson reported to me that she was going to the yard to exercise, cooking her own food and socializing in the unit. Pinson reported noting a change in the BOP over the years and was surprised with the overall acceptance of her by other inmates and staff on the compound. Coping skills were reviewed. I further noted that Pinson denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

17. April 25, 2016: I noted that Pinson was continuing to adjust to the compound and was looking for a job. I discussed medications with Pinson and the importance of taking the medications as prescribed. It was noted that Pinson was happy with her mentor assignment and was talking with him every day. Coping skills were discussed. It was further noted she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

18. May 2, 2016: Pinson reported adjustment to the compound was "going great". Pinson noted having a job in the kitchen washing pots and pans. She also told to me she was continuing to do legal work to stay busy and focused. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

19. I note that the May 2, 2016, report by Pinson was viewed as very positive given the lengthy period of time Pinson was in lockdown status prior to arriving at USP Allenwood. It appeared she was transitioning well to general population.

20. May 9, 2016: I met with Pinson who stated her prior week was good. Pinson also stated she enjoyed working in the kitchen. Pinson reported that she liked this yard (meaning the general population at USP Allenwood). We also discussed a program at Terre Haute as well as a program here at USP Allenwood. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

21. May 9, 2016: Chief Psychologist, Dr. Mitchell, was notified by SIA (Special Investigative Agent) Heath that Pinson had reported allegations related to Prison Rape Elimination Act ("PREA"). Dr. Mitchell met with Pinson to discuss the allegations made by Pinson. Pinson claimed another inmate threatened to "pimp" her and her cell mate out. Pinson was offered access to a victim advocate from the local community. Pinson declined the information and services from the victim advocate. A lieutenant determined it was appropriate for Pinson to be housed in the SHU (special housing unit) temporarily while an investigation was performed to assess the inmate's safety with being in open population.

22. May 13, 2016: I performed a Suicide Risk Assessment of Pinson. The referral was from Chief Psychologist, Dr. Mitchell. Pinson's history was recounted in the report. Current problems identified by Pinson included extreme inward emotional pain and frustration. She expressed frustration and irritability with being placed back in the SHU. She stated she didn't want to live in a box and was experiencing urges to cut since being placed back in SHU. Stated she hated being placed back in a box. She was reminded that the placement was a result of her

report of PREA safety concerns which needed to be investigated. It was noted the current suicide risk for Pinson at the time was moderate and present. Pinson reported extreme inward emotional pain and frustration and stated she didn't want to live anymore. She also added that she had urges to cut herself. A formal suicide watch was initiated for Pinson. Authorized items included: mattress, safety smock, and a safety blanket. It was noted a psychologist would evaluate Pinson daily while she was on suicide watch.

NOTE: It is noted that inmates on suicide watch are not permitted to shave and do not receive shaving razors.

23. May 14, 2016: Another Psychologist had an encounter with Pinson. Pinson refused to come to the door and was uncooperative. Log book was checked. It was noted Pinson should stay on suicide watch.

24. May 15, 2016: Another Psychologist reviewed Pinson and noted her affect was normal and mood was euthymic. Pinson denied suicidal and/or homicidal ideation intent. There were no clinical indications that Pinson was in danger of self-harm at the time. Pinson reported working closely with her primary psychologist (me) and that she was upset following her placement in SHU due to the fact that her emotions oscillate as a result of hormone therapy. Pinson explained that she didn't talk to the psychologist the day before because she was cold and wanted to stay under the blanket. Pinson further explained that at the time of the initial assessment she was very upset about being in SHU. The psychologist noted that given Pinson's presentation, willingness to engage in the assessment process, level of cooperativeness and future orientation that there was no reason to continue suicide watch placement. It was determined Pinson was no longer considered a suicide risk and should be removed from suicide

watch. He noted Pinson's mental health status was within normal limits. Pinson reported that she had a safety plan in place and that she would follow it if she thought of self-harm.

25. May 17, 2016: I saw Pinson in a private office in the SHU. Pinson described her mood as annoyed and said she should not have been placed in SHU for what she reported. She emphasized hating being in isolation again. Pinson described herself as being on an "emotional roller coaster". Pinson discussed possible increase in medication. I reviewed impulsivity and skills used to refrain from urges to cut. It was further noted that she denied suicidal/homicidal, or self-injurious behavior ideation, intention or plan.

26. May 18, 2016: While making rounds on the floor in SHU, Pinson requested to see me. Pinson reported to me that she was having urges to cut herself the night before. I evaluated her. Pinson surrendered a razor she had which I turned over to correctional services to be disposed of. She reported being stressed and having mood swings. I screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide. It was noted that Pinson expressed thoughts of cutting herself the night before but the thoughts had not returned. I further noted that prior records indicate Pinson's behavior was driven by her attempts to control the conditions of her confinement. Pinson admitted to this being true in some instances. Pinson was reinforced for alerting staff before acting on her impulses. Pinson displayed future orientation during the interview asking for her missing items from her property and talking about the following week's session. Pinson was considered to be a low risk of suicide and suicide watch not warranted at the time.

27. In the May 18, 2016, encounter record I commented on Pinson's focus and concern for property items. This suggested to me that Pinson was not suicidal but rather was using the threat of self-harm to manipulate psychology services to obtain what she wanted.

28. May 19, 2016: I was contacted by the SHU Lieutenant who indicated Pinson was potentially suicidal. I reported to the unit and evaluated Pinson. Pinson stated she was irritable and stressed over the pending investigation. Pinson also stated that she was irritated because the Warden told her that she was manipulating staff. Pinson also stated she was feeling dramatic and was pissed. Pinson denied any present suicidal thoughts and stated she did not need to go on suicide watch. Pinson again asked about Care 3 incentive items to replace the missing ones. It was noted that she was low risk for suicide and suicide watch was not warranted.

29. During the May 19, 2016, encounter I perceived the interaction with Pinson to be yet another attempt to manipulate staff. Pinson was testing to see if the Warden really made the comment about manipulating staff. Pinson also wanted to see if psychology services were in agreement with the Warden's statement. I also believed this manipulation was being used by Pinson in order to see psychology more often than 1x/week. Pinson's focus on the Care level 3 incentive items also suggested that she was not truly suicidal or at risk for self-harm but rather was using the threat to obtain secondary gain including increased contacts with psychology and a return of Care Level 3 incentive items. (hygiene items, snacks, puzzles, self-help books, cards, radio and batteries etc)

30. May 24, 2016: I met with Pinson in a private office. Pinson reported staff having been rude and dismissive. Pinson also requested an increase in her medication and wanted to know if she could be prescribed Ativan. She also discussed the Transgender Law Center working to identify transgender conforming prison housing. I noted thought process was logical, coherent, and goal oriented. She denied suicidal/homicidal/self-injurious behavior ideation, intention or plan.

31. I believed the May 24, 2016 encounter to be another attempt by Pinson at manipulating her conditions to obtain an increased dosage in a prescription and to obtain additional medication/Ativan. Her discussion regarding the Transgender Law Center also suggested she was not a suicide risk or a risk of self-harm but rather another attempt to manipulate staff and her conditions of confinement.

32. Pinson was closely monitored since her arrival at USP Allenwood. At the time of the incident on May 25, 2016, there was no objective or clinical indication that she was a risk for a suicide attempt or self-injury.

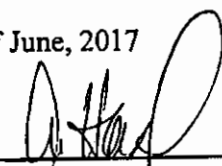
33. It is further noted that Pinson lived in the SHU at USP Allenwood the first several weeks she was assigned to the institution without any incident. Further, she lived in the general population for several weeks without incident before being returned to the SHU pending the outcome on an investigation.

I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

The documents attached to this declaration:

a. are true and correct copies of records maintained by the Bureau of Prisons; b. were created at or near the time of the occurrence of the matters reflected therein by someone with knowledge; or c. were made by the Bureau of Prisons as a regular practice. I am either custodian of the documents or am otherwise qualified to execute this certification, pursuant to Fed. R. Evid. 803(6) and 902(11).

Executed this 29th day of June, 2017



A. Handel
Psychologist
USP Allenwood

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth:	Sex: M Facility: THP	Unit Team: B/C
Date: 07/30/2016 19:00	Provider: Morley, C. PsyD	

Mental Health History

The following mental health history is adapted from the psychology alert screening on 7/25/2016:

"Inmate PINSON is a 30-year-old male-to female inmate, and due to identifying as a female, feminine pronouns will be used.

Per readily available documentation, inmate PINSON has an extensive mental health history dating back to the age of 10, to include multiple inpatient psychiatric hospitalizations. Per inmate's PSR, while at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON received treatment for depression, anger, and auditory and visual hallucinations. At the time, inmate was diagnosed with "depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder." Additionally, in 2002, inmate was admitted to Broughton Hospital in North Carolina subsequent to engaging in self-injurious behavior.

During a psychological evaluation conducted to determine competency to stand trial (2006), inmate PINSON endorsed indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because [s]he thought it was funny." She further stated, "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON beat one of her mother's dogs to death and kicked another dog in the head, which lead to the dog's death.

In October 2014, inmate PINSON was sent to SPG from FLM for diagnostic formulation and treatment. It was there that she began to express issues related to gender dysphoria. Inmate PINSON was formally diagnosed with Gender Dysphoria in Adolescents and Adults in June 2015. Therapy sessions reportedly focused on depressive issues related to gender identity, as well as improving DBT skills.

Per BEMR, inmate has historical diagnoses of Schizoaffective Disorder; Other and Unspecified Bipolar Disorders; Unspecified Psychosis; Antisocial Personality Disorder; Borderline Personality Disorder; Anxiety State, Unspecified; Explosive Personality Disorder, Depressive Disorder, Not Elsewhere Classified; Other Specified Personality Disorder; and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct.

Inmate PINSON is currently classified as a CARE3-MH inmate and has been classified as such since 02/23/2015. However, inmate has historically been assigned the following care levels: CARE4-MH (09/29/2014-02/23/2015), CARE2-MH (12/16/2013-09/29/2014; 01/25/2013-07/23/2013), CARE3-MH (07/23/2013-12/16/2013), and CARE1-MH (06/22/2010-01/25/2013). Inmate carries an assignment of PSY ALERT, which was given on 10/09/2014. While in BOP custody, inmate has been provided mental health treatment per policy and commensurate with mental health and presenting needs.

Currently, inmate carries diagnoses of Unspecified Anxiety Disorder, Antisocial Personality Disorder, and Gender Dysphoria in Adolescents and Adults. She is prescribed the following medications to address current diagnoses: Klonopin, Trilafon, Lyrica, Artane, Estrace, Aldactone, and Propecia. Per Electronic MAR, inmate is compliant with the prescribed medications.

Per readily available documentation, inmate PINSON has an extensive history of engaging in self-injurious behavior. Since 2006, while in BOP custody, inmate has been the subject of 88 SRAs, with placement on suicide watch subsequent to 34 of the assessments. Per BEMR, inmate's most recent SRA occurred on 07/21/2016 subsequent to ingesting two pencils and three toothbrushes. Per previous SRAs, methods of self-harm include cutting, attempted hanging, making her nose bleed to create significant amounts of blood, swallowing objects (pencils, sporks, metal, etc.), and inserting objects (springs from inhalers, paper clips, etc.). Additionally, inmate has been placed on suicide risk management plan (SRMP) on four occasions."

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	07/30/2016 19:00	Provider:	Morley, C. PsyD
		Unit Team:	B/C

Mental Status

During today's contact, inmate's mental status was within normal limits. Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was euthymic with congruent affect. She was calm, cooperative, and appropriately conversational. Speech was of normal rate/tone/volume. Inmate was dressed in appropriate institutional attire and was adequately groomed. Thought processes were logical, coherent, and goal-oriented. No overt signs of a thought disorder or psychosis was noted. Inmate PINSON adamantly denied suicidal/homicidal/self-injurious behavior ideation, intention, or plan.

Current Concerns

PINSON was escorted to the outside hospital to address previous self-harm behavior of ingestion of "pencils and toothbrushes" noted in the SRA on 7/21/2016 (no new SRA warranted). Inmate PINSON returned from the OSH on today's date and subsequently seen by psychology services for a mental status exam to determine suitability for placement in general population due to current assignment as a PSY ALERT inmate.

Inmate PINSON denied current mental health concerns and did not appear to be in overt distress or in need of immediate intervention. There are no acute concerns regarding inmate PINSON's mental status or placement in general population.

PINSON reported being "glad" to be back from the outside hospital and being within general population as she reported doing "well in general population." PINSON provided a brief mental health history and treatment. In particular, DBT skills she has learned in the past was emphasized. PINSON reported knowledge of the skills with reported difficulty applying them in the moment. This writer encouraged inmate to continue working with psychology services and practice applying DBT skills; encouraged pro-social behaviors to maintain status in general population. Overall, PINSON denied current mental health or other concerns at this time.

Recommendations

Inmate PINSON has been cleared for general population. There are no acute concerns regarding inmate PINSON's mental status or placement in general population. Inmate will continue to be seen per CARE3-MH/Psych Alert policy or more as needed. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services, and she agreed to do so.

Completed by Morley, C. PsyD on 10/12/2016 14:00

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	07/28/2016 09:30	Unit Team:	B/C
		Provider:	Powderly, James Psy.D.

Focus of Session

Per policy, inmate PINSON was seen on 07/28/2016 for a weekly clinical contact due to her status of CARE3-MH and for a follow-up to a transfer intake screening dated 07/25/2016. Limits of confidentiality were discussed. She expressed understanding of the limits of confidentiality, and she had the opportunity to ask questions about confidentiality.

Subjective/Objective Presentation

During the clinical contact, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was neutral with congruent affect. She was calm, cooperative, and appropriately conversational. Speech was of normal rate/tone/volume. Inmate was dressed in appropriate institutional attire and was adequately groomed. Thought processes were logical, coherent, and goal-oriented. Inmate did not exhibit any signs or symptoms of responding to internal stimuli or of delusional thinking. Inmate PINSON denied suicidal/homicidal/self-injurious behavior ideation, intention, or plan.

Intervention(s)

Mental status was assessed and was within normal limits. Clinical contact focused on building rapport. Supportive therapy and reinforcement of prosocial behavior were provided. Discussed adjustment to THP; she reported adequate adjustment. Explored historical experiences in therapy and identified beneficial aspects of a collaborative therapeutic relationship. Additionally, discussed the utilization of dialectical behavior therapy (DBT) skills to promote distress tolerance and emotion regulation. Medication compliance was reinforced. After a review of readily available documentation, inmate PINSON appears to be functioning consistent with her baseline.

Progress/Plan

Per care level and individualized treatment plan, inmate PINSON will continue to be seen on at least a weekly basis. Her CARE3-MH status will remain at this time. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services, and she agreed to do so.

Completed by Powderly, James Psy.D. on 10/04/2016 08:18

Bureau of Prisons
Psychology Services
Risk of Sexual Abusiveness

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: THP
Date: 07/25/2016 16:36	Provider: Powderly, James Psy.D.	Unit Team: B/C

Comments

Based on the documentation available at the time of the screening, inmate was identified as being at risk for sexual abusiveness, as evidenced by the following objective criteria:

- (x) Having a history of prior institutional violence
- () Having a history of prior sexual abuse perpetration in the community
- (x) Having prior convictions of violent offenses (per PSR, juvenile adjudications for assault and battery)

As required by P5324.12, Sexually Abusive Behavior Prevention and Intervention, inmate PINSON was seen by Psychology Services on 07/25/2016 to assess inmate's risk factors for sexual abusiveness. At the onset of this clinical contact, the inmate was informed about the BOP requirements regarding PREA. Inmate PINSON indicated an understanding of the institution's policy against engaging in sexual behavior.

Risk Factors

Inmate's risk factors for sexual abusiveness were assessed and include:

- (x) History of prior sexual victimization in prison
- () History of prior prison sexual predation
- (x) History of head injury with loss of consciousness (history head trauma related to car accident)
- (x) History of childhood psychological, physical, sexual abuse
- (x) Witnessed family violence
- (x) Antisocial Personality Disorder traits of irritability/aggressiveness and recklessness
- () Hypersexuality (defined by eight or more orgasms a week prior to prison)
- () Hypermasculinity
- () Other:

Findings

Based on this clinical assessment, the inmate is considered to be at:

- (x) Low Risk of Abusiveness at this facility (Note: Even though this inmate is judged to be at low risk of sexual abusiveness, an unforeseen change in risk factors may significantly alter risk level.).

Recommendations

Based on this clinical assessment, no specific housing restrictions appear warranted at this time. No follow-up is warranted at this time as inmate denied any interest in f/u for this specific issue; however, inmate PINSON will be provided mental health treatment per policy and commensurate with mental health care level and presenting needs. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services, and she agreed to do so.

Completed by Powderly, James Psy.D. on 08/04/2016 15:17

Bureau of Prisons
Psychology Services
Risk of Sexual Victimization

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: THP	Unit Team: B/C
Date: 07/25/2016 16:35	Provider: Powderly, James Psy.D.	

Comments

During the unit team intake screening process, the staff member utilized the PREA Intake Objective Screening Instrument (P5324.12, Attachment A) for inmate PINSON. As required by P5324.12, Sexually Abusive Behavior Prevention and Intervention, inmate PINSON was seen by Psychology Services on 07/25/2016 to assess inmate's level of risk for sexual victimization. At the onset of this clinical contact, the inmate was informed about the BOP requirements regarding PREA. Inmate PINSON indicated an understanding of the institution's policy on preventing victimization.

Risk Factors

Based on the documentation available at the time of the screening, and inmate PINSON's self-report, inmate was identified by Unit Management staff as being at risk for sexual victimization due to:

- ☒ (x) Having a history of being sexually assaulted
- ☐ () Expressed concerns about safety on the compound

and/or having two or more of the following:

- ☐ () Small in stature (i.e., less than 164 pounds; slight build)
- ☐ () Being youthful (i.e., less than 21 years old)
- ☒ (x) Having developmental/mental/medical disabilities
- ☒ (x) Is or is perceived to be LGBTI or gender non-conforming

and/or having the following criminal history:

- ☐ () Never previously incarcerated
- ☐ () Criminal history is exclusively nonviolent
- ☐ () Prior convictions for sex offenses against an adult or child
- ☐ () In custody solely under civil immigration detention

In addition to the above risk factors for sexual victimization identified by Unit Management staff, the following risk factors were noted during this assessment:

- ☒ (x) Advanced Education (attended one semester at community college; however, presents as intelligent and well-learned)
- ☐ () Prior sexual predation in prison or in the community
- ☒ (x) Prior childhood and/or prison sexual victimization
- ☐ () Left home prior to the age of 15 years
- ☐ () Low rate of arrest in adolescence
- ☐ () Non-violent criminal history
- ☒ (x) History of low level mental illness or suicidal ideation
- ☐ () First incarceration
- ☐ () Vulnerable psychological state/presentation (appears fearful; worries about being assaulted)
- ☐ () Other:

Protective factors were also reviewed and the following were noted:

- ☐ () Multiple incarcerations without history of victimization
- ☐ () No history of childhood sexual victimization
- ☒ (x) Large build
- ☒ (x) Over 21 years old
- ☒ (x) Assertive presentation

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	07/25/2016 16:35	Unit Team:	B/C
		Provider:	Powderly, James Psy.D.

- ☒ (x) Violent criminal history
- ☐ () No developmental/mental/medical disabilities
- ☒ (x) No current mental health concerns, including excessive worry about sexual victimization
- ☐ () Does not self-identify as LGBTI
- ☒ (x) Denies being fearful of general population
- ☐ () Other:

Findings

Based on this clinical assessment, the inmate is considered to be at:

- ☒ (x) Low Risk of Victimization at this facility (Note: Even though this inmate is judged to be at low risk of victimization, an unforeseen change in risk factors may significantly alter inmate's risk level.).

Recommendations

No follow-up is warranted at this time as inmate denied any interest in f/u for this specific issue; however, inmate PINSON will be provided mental health treatment per policy and commensurate with mental health care level and presenting needs. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services and agreed to do so.

Completed by Powderly, James Psy.D. on 08/04/2016 15:29

Bureau of Prisons
Psychology Services
Transfer Intake Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: THP
Date: 07/25/2016 16:32	Provider: Powderly, James Psy.D.	Unit Team: B/C

Date of Intrasystem Transfer: 07/25/2016 Transferred From: ALX--ALLENWOOD FCC

- | | |
|---|-----|
| 1. Review of Inmate's PSIQ indicates that an in-person interview is clinically indicated? | Yes |
| 2. Review of Inmate's MENTAL HEALTH record indicates that an in-person interview is clinically indicated? | Yes |
| 3. Review of Inmate's SENTRY record indicates that an in-person interview is clinically indicated? | Yes |
| 4. Is there any other information which indicates current need or request for Psychological Services? | Yes |

Summary

Inmate PINSON is a 30-year-old male-to female inmate, and due to identifying as a female, feminine pronouns will be used. She is currently serving a 252-month sentence for THREATS AGAINST PRESIDENT, FALSE STATEMENT, THREAT TO A JUROR, and MAILING THREATENING COMMUNICATIONS. Per SENTRY, inmate PINSON has a lengthy disciplinary record and was housed at FLM from 07/19/2012 through 10/08/2014.

Per readily available documentation, inmate PINSON has an extensive mental health history dating back to the age of 10, to include multiple inpatient psychiatric hospitalizations. Per inmate's PSR, while at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON received treatment for depression, anger, and auditory and visual hallucinations. At the time, inmate was diagnosed with "depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder." Additionally, in 2002, inmate was admitted to Broughton Hospital in North Carolina subsequent to engaging in self-injurious behavior.

During a psychological evaluation conducted to determine competency to stand trial (2006), inmate PINSON endorsed indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because [s]he thought it was funny." She further stated, "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON beat one of her mother's dogs to death and kicked another dog in the head, which lead to the dog's death.

In October 2014, inmate PINSON was sent to SPG from FLM for diagnostic formulation and treatment. It was there that she began to express issues related to gender dysphoria. Inmate PINSON was formally diagnosed with Gender Dysphoria in Adolescents and Adults in June 2015. Therapy sessions reportedly focused on depressive issues related to gender identity, as well as improving DBT skills.

Per BEMR, inmate has historical diagnoses of Schizoaffective Disorder; Other and Unspecified Bipolar Disorders; Unspecified Psychosis; Antisocial Personality Disorder; Borderline Personality Disorder; Anxiety State, Unspecified; Explosive Personality Disorder, Depressive Disorder, Not Elsewhere Classified; Other Specified Personality Disorder; and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct.

Inmate PINSON is currently classified as a CARE3-MH inmate and has been classified as such since 02/23/2015. However, inmate has historically been assigned the following care levels: CARE4-MH (09/29/2014-02/23/2015), CARE2-MH (12/16/2013-09/29/2014; 01/25/2013-07/23/2013), CARE3-MH (07/23/2013-12/16/2013), and CARE1-MH (06/22/2010-01/25/2013). Inmate carries an assignment of PSY ALERT, which was given on 10/09/2014. While in BOP custody, inmate has been provided mental health treatment per policy and commensurate with mental health and presenting needs. Currently, inmate carries diagnoses of Unspecified Anxiety Disorder, Antisocial Personality Disorder, and Gender Dysphoria in Adolescents and Adults. She is prescribed the following medications to address current diagnoses: Klonopin, Trilafon, Lyrica, Artane, Estrace, Aldactone, and Propecia. Per Electronic MAR, inmate is compliant with the prescribed medications.

Per readily available documentation, inmate PINSON has an extensive history of engaging in self-injurious behavior. Since 2006, while in BOP custody, inmate has been the subject of 88 SRAs, with placement on suicide watch subsequent to 34 of the assessments. Per BEMR, inmate's most recent SRA occurred on 07/21/2016 subsequent to ingesting two pencils and three toothbrushes. Per previous SRAs, methods of self-harm include cutting, attempted

Ex. 2, Attach. A, p. 7

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	07/25/2016 16:32	Unit Team:	B/C
		Provider:	Powderly, James Psy.D.

hanging, making her nose bleed to create significant amounts of blood, swallowing objects (pencils, sporks, metal, etc.), and inserting objects (springs from inhalers, paper clips, etc.). Additionally, inmate has been placed on suicide risk management plan (SRMP) on four occasions.

Inmate reported a family history of mental illness (grandfather reportedly diagnosed with schizophrenia); however, inmate denied a family history of suicidality. The BOP's Sexually Abusive Behavior Prevention and Intervention Program was discussed. Inmate endorsed a history of sexual victimization (instances of past sexual victimization while incarcerated have been investigated). Please see Risk of Sexual Victimization and Risk of Sexual Abusiveness (due to history of prior institutional violence and prior convictions of violent offenses) dated 07/25/2016 for additional information regarding estimated level of risk.

Inmate endorsed a substance abuse history to include the use/abuse of methamphetamines. Per inmate's PSR, while incarcerated with the Oklahoma Department of Corrections, she began using methamphetamines and marijuana and reportedly progressed to using methamphetamine intravenously.

During the transfer intake screening, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was neutral with congruent affect. She was calm, cooperative, and appropriately conversational. Speech was of normal rate/tone/volume. Inmate was dressed in appropriate institutional attire and was adequately groomed. Thought processes were logical, coherent, and goal-oriented. Inmate denied auditory/visual hallucinations, and she did not exhibit any signs or symptoms of responding to internal stimuli or of delusional thinking. Inmate PINSON denied suicidal/homicidal/self-injurious behavior ideation, intention, or plan.

Inmate PINSON will retain her assignment of CARE3-MH/PSY ALERT and has been cleared for placement in the general population. Per care level and individualized treatment plan, inmate PINSON will continue to be seen on at least a weekly basis. Inmate PINSON expressed interest in substance abuse treatment. She was encouraged to speak to the Drug Treatment Specialist regarding interest in substance abuse treatment. Additionally, a referral will be made for substance abuse treatment. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services, and she agreed to do so. Additionally, The Inmate Handbook contains information concerning Psychology Services, and the inmate will attend an Admission and Orientation session where Psychology Services will be reviewed.

Completed by Powderly, James Psy.D. on 09/29/2016 09:48

Bureau of Prisons****SENSITIVE BUT UNCLASSIFIED******Psychology Services****Psychology Alert Screening**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	[REDACTED]	Sex:	M
		Facility:	THP
Date:	07/25/2016 16:31	Provider:	Powderly, James Psy.D.
		Unit Team:	B/C

Mental Health History

Inmate PINSON is a 30-year-old male-to female inmate, and due to identifying as a female, feminine pronouns will be used.

Per readily available documentation, inmate PINSON has an extensive mental health history dating back to the age of 10, to include multiple inpatient psychiatric hospitalizations. Per inmate's PSR, while at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON received treatment for depression, anger, and auditory and visual hallucinations. At the time, inmate was diagnosed with "depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder." Additionally, in 2002, inmate was admitted to Broughton Hospital in North Carolina subsequent to engaging in self-injurious behavior.

During a psychological evaluation conducted to determine competency to stand trial (2006), inmate PINSON endorsed indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because [s]he thought it was funny." She further stated, "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON beat one of her mother's dogs to death and kicked another dog in the head, which lead to the dog's death.

In October 2014, inmate PINSON was sent to SPG from FLM for diagnostic formulation and treatment. It was there that she began to express issues related to gender dysphoria. Inmate PINSON was formally diagnosed with Gender Dysphoria in Adolescents and Adults in June 2015. Therapy sessions reportedly focused on depressive issues related to gender identity, as well as improving DBT skills.

Per BEMR, inmate has historical diagnoses of Schizoaffective Disorder; Other and Unspecified Bipolar Disorders; Unspecified Psychosis; Antisocial Personality Disorder; Borderline Personality Disorder; Anxiety State, Unspecified; Explosive Personality Disorder, Depressive Disorder, Not Elsewhere Classified; Other Specified Personality Disorder; and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct.

Inmate PINSON is currently classified as a CARE3-MH inmate and has been classified as such since 02/23/2015. However, inmate has historically been assigned the following care levels: CARE4-MH (09/29/2014-02/23/2015), CARE2-MH (12/16/2013-09/29/2014; 01/25/2013-07/23/2013), CARE3-MH (07/23/2013-12/16/2013), and CARE1-MH (06/22/2010-01/25/2013). Inmate carries an assignment of PSY ALERT, which was given on 10/09/2014. While in BOP custody, inmate has been provided mental health treatment per policy and commensurate with mental health and presenting needs. Currently, inmate carries diagnoses of Unspecified Anxiety Disorder, Antisocial Personality Disorder, and Gender Dysphoria in Adolescents and Adults. She is prescribed the following medications to address current diagnoses: Klonopin, Trilafon, Lyrica, Artane, Estrace, Aldactone, and Propecia. Per Electronic MAR, inmate is compliant with the prescribed medications.

Per readily available documentation, inmate PINSON has an extensive history of engaging in self-injurious behavior. Since 2006, while in BOP custody, inmate has been the subject of 88 SRAs, with placement on suicide watch subsequent to 34 of the assessments. Per BEMR, inmate's most recent SRA occurred on 07/21/2016 subsequent to ingesting two pencils and three toothbrushes. Per previous SRAs, methods of self-harm include cutting, attempted hanging, making her nose bleed to create significant amounts of blood, swallowing objects (pencils, sporks, metal, etc.), and inserting objects (springs from inhalers, paper clips, etc.). Additionally, inmate has been placed on suicide risk management plan (SRMP) on four occasions.

Mental Status

During the Psychology Alert Screening, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was neutral with congruent affect. She was calm, cooperative, and appropriately conversational. Speech was of normal rate/tone/volume. Inmate was dressed in appropriate institutional attire and was adequately groomed. Thought processes were logical, coherent, and goal-oriented. Inmate denied auditory/visual hallucinations, and she did not exhibit any signs or symptoms of responding to internal stimuli or of delusional thinking. Inmate PINSON denied

Ex. 2, Attach. A, p. 9

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	07/25/2016 16:31	Unit Team:	B/C
		Provider:	Powderly, James Psy.D.

suicidal/homicidal/self-injurious behavior ideation, intention, or plan.

Current Concerns

Inmate PINSON denied current mental health concerns and did not appear to be in overt distress or in need of immediate intervention. There are no acute concerns regarding inmate PINSON's mental status or placement in general population.

Comments

Inmate PINSON was seen in R&D on today's date, 07/25/2016, after transferring from ALP. She appropriately greeted this writer and denied any acute mental health concerns. She was afforded the opportunity to ask questions; however, she denied having any questions or concerns.

Recommendations

Inmate PINSON has been cleared for general population. Per care level and individualized treatment plan, inmate PINSON will continue to be seen on at least a weekly basis. Inmate was advised and expressed an understanding of the procedure for contacting Psychology Services for routine or emergent services, and she agreed to do so.

Completed by Powderly, James Psy.D. on 09/29/2016 11:40

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention (V)

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: OKL	Unit Team: HOLDOVER
Date: 07/22/2016 15:18	Provider: Gillard, Nathan Ph.D.	

Comments

BASIS OF REPORT: The inmate was seen due to alleging a staff member made inappropriate sexual slurs and threats of violence toward her today. The referral notification was received at 0900 on 7/22/16 followed by this writer arriving on the scene at 0915 on 7/22/16. This report is based upon a review of select SENTRY records, select PDS records, and a clinical interview conducted at FTC Oklahoma City.

PRESENTING DATA: Inmate PINSON is a 30 year old WHITE (HISPANIC ethnicity) Female Transgender housed as a HOLDOVER at OKL. Records indicate a diagnosis of Antisocial Personality Disorder. She is validated male to female transgender. A history of sexual abuse and assault accusations against others is noted. According to SIS, these investigations have resulted in "unfounded" findings.

Inmate PINSON alleges that in the early afternoon of 7/21/16, a SHU officer and two other staff members entered the area outside her cell. During the distribution of legal mail, the officer allegedly used male pronouns. Inmate PINSON alleged that in response to her request for female pronouns, the officer stated he would use "he, she, or it," called inmate PINSON "fag" multiple times, and threatened physical violence. The other staff members present were alleged to have laughed at the officers comments.

Inmate PINSON denied concerns for her safety and did not voice any mental health concerns related to the allegation. Her primary concern was having the allegation documented and investigated.

MENTAL STATUS: Mood was calm with matching affect. Reality perception and orientation were intact. Thought processes were logical and goal-directed. Behavior was cooperative.

FINDINGS: Current suicidal or homicidal ideation was denied, and she agreed to contact staff if such thoughts should occur. No treatment related to the alleged sexual harassment appears necessary. Interventions related to other mental health concerns will continue as otherwise documented.

RECOMMENDATIONS: The inmate was informed of victim advocacy services that are available through the local Psychology department, but declined the need for this type of service at this time. Inmate will be seen for follow-up as specified in previous clinical notes. Property restrictions will not be modified at this time. A more detailed transcript of the inmate's allegations was forwarded to the SIA.

cc: SIA

Completed by Gillard, Nathan Ph.D. on 07/22/2016 15:50

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: OKL
 Date: 07/21/2016 13:37 Provider: Shelley, R. PsyD

Reg #: 16267-064
 Unit Team: HOLDOVER

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

DESCRIPTION OF SUICIDE RELATED BEHAVIORS

The inmate engaged in a Self-Harm without Injuries, a self-inflicted, potentially injurious behavior for which there is implicit or explicit evidence that the person did not intend to kill himself/herself (i.e. had zero intent to die) which produced no injuries.

The lethality of this behavior was assessed to be Low.

Method of self harm or suicide attempt: Ingestion- Other 2 Pencils and 3 toothbrushes

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Psychology Data System, Sentry

Reason for Referral

It is important to note that inmate PINSON is anatomically male, but identifies as female. Therefore, female pronouns will be utilized throughout this note.

This note was generated due to receiving a call from the Physician Assistant at 8:15 a.m. on 7/21/16 reporting inmate PINSON stated she swallowed two pencils and three toothbrushes. A clinical interview was conducted at 8:25 a.m. on 7/21/16.

Mental Health History

This information was taken from the inmate's most recent Suicide Risk Assessment dated 7/20/16.

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives). While in treatment, she was secluded twice for "out of control behavior" and "threats to staff." During this period of time, she was diagnosed with depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder. Following a month of treatment she was discharged.

In 2002, inmate PINSON was admitted to Broughton Hospital in North Carolina for self-mutilation. During this incident, Inmate PINSON indicated a desire to cut her wrists but due to not having the correct "object" in which to do so, she stuck her "finger in her nose to break blood vessels and then started biting the inside of her cheek with the hope she would lose enough blood to die." Inmate PINSON was discharged after approximately 2 months.

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because she thought it was funny." She further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of her mother's dogs to death and kicked another dog in the head which lead to the dogs death. Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate her environment." For example, at age 10 inmate PINSON threatened to "kill herself if mental health staff and her mother set limits on her behavior." During childhood she further "cut her wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in her nostrils to make her nose bleed."

In 2006, while housed at Fort Worth Correctional Institution, inmate PINSON took 25 nitroglycerin pills stating "they make the voices go away." However, later she acknowledged taking them because "no one was responding to her requests when she made them." She stated, "I decided I would do something to make them listen to me." According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of

Ex. 2, Attach. A, p. 12

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: OKL

Unit Team: HOLDOVER

Date: 07/21/2016 13:37 Provider: Shelley, R. PsyD

malingered due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting her testicles). It is important to note, several SRAs indicate a tendency to utilize suicidal ideation/harm as a means of controlling the conditions of her environment.

Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. Currently, inmate PINSON has been diagnosed with Antisocial Personality Disorder, likely with Borderline Features and Gender Dysphoria in Adolescents and Adults. She is a CARE3-MH and Psy Alert.

Self-Harm History

Inmate PINSON has an extensive history of engaging in self-harm behaviors while incarcerated in the BOP. Her self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), swallowing objects (such as pencils, sporks, metal, etc.), and inserting objects (such as springs from inhalers, paper clips, etc).

Prior to last night, the inmate's most recent self-harm occurred on 7/8/2016 when inmate Pinson started a fire in her cell and tied "two pieces of cloth" around her neck. The following is from the second SRA completed on that date after she smeared blood on door of the suicide watch cell. Yesterday, inmate PINSON swallowed a pencil. Today, the inmate alleged she swallowed two pencils and three toothbrushes.

"She denied suicidal ideation, however, she indicated she was frustrated. Inmate PINSON said "I'm going to create a theatrical behavioral disturbance if I don't get a cellmate." She denied suicidal ideation, intent, and plan. She admitted that she wanted to gain attention to her situation (i.e. new cellmate and an update on designation). She stated she has been requesting a cellmate since her last cellmate left 3 days ago and gave two names to the SHU Lt. as possible cellmates. SHU staff were informed of her threats to create a behavioral disturbance."

Current Problem

Inmate PINSON reported she made a "calculated decision" yesterday and today when she swallowed the pencils and toothbrushes. The inmate explained she was upset that the Operations Lieutenant "...lied to me" and "threaten" to use a calculated use of force to enter her cell to obtain the pencil.

The inmate expressed her frustration with being housed in the Heightened Visibility Cell with numerous restrictions. She explained she did not believe she needed to be housed in that particular cell or have all of the restrictions given. This writer allowed the inmate to vent her concerns and frustrations.

After which, this writer utilized empathy and validation of her emotions in order to enhance acceptance and promote healthy problem solving. Reinforced her coping skills and plan of self-care (e.g., reading, socializing). Discussed and identified healthy versus unhealthy behaviors to obtain her desired goals or have her perceived needs met. We also reviewed the importance of resolving conflicts in healthy and appropriate ways.

Current Mental Status

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: OKL

Unit Team: HOLDOVER

Date: 07/21/2016 13:37 Provider: Shelley, R. PsyD

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Problem solving deficits

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

After assessing inmate PINSON's risk factors, it was discovered the factors that would increase the inmate's risk for engaging in suicide related behaviors were present (i.e., history of self-injurious behaviors, problem solving deficits), but more protective factors were present (i.e., future oriented thought process, denial of suicidal ideation). Inmate PINSON denied current suicidal and self-harm ideation, intention, desire, and plan. She explained she ingested the items intentionally stating she was upset with the Operations Lieutenant "...tricking me."

It appears, and records support, inmate PINSON will often verbalize suicidal ideation and engage in parasuicidal behaviors when she is emotionally charged (i.e., frustrated, agitated) or in an attempt to have her perceived needs met. Based on this writer's clinical contact with the inmate, it appears that inmate PINSON's behaviors today were driven by characterological dysfunction. Specifically, prominent, maladaptive, and inflexible character traits related to her diagnosed personality disorder, which appear to be causing significant functional impairment and problems with the inmate's ability to function appropriately.

It is also important to note that inmate PINSON has a history of passive aggressive behavior (i.e., negativistic attitude, passive resistance to requests) and falsely verbalizing suicidal ideation and/or engaging in parasuicidal behaviors in pursuit of obtaining primary gain (i.e., speak to specific staff, control conditions of confinement). Thus, at this time, the inmate does not appear to be imminently suicidal, therefore, placement on suicide watch is not warranted.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated. Inmate PINSON will remain in the Heightened Visibility Cell with the same restrictions. She was already scheduled to be seen for follow-up. Thus, an additional recommendation will not be given. No change to the inmate's CARE3-MH code is warranted at this time.

Inmate PINSON would benefit from individual therapy to assist her managing her emotions, behavior, and to encourage medication compliance. She is encouraged to participate in group therapy offered at her designated institution, such as, Criminal Thinking or Basic Cognitive Skills.

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: OKL

Unit Team: HOLDOVER

Date: 07/21/2016 13:37 Provider: Shelley, R. PsyD

Suicide Watch: A suicide watch is not warranted at this time

Completed by Shelley, R. PsyD on 07/21/2016 15:33

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: OKL
 Date: 07/20/2016 18:49 Provider: Peters, J. Ph.D.

Reg #: 16267-064
 Unit Team: HOLDOVER

Type of Housing: SHU- Administrative Segregation
Cell Accommodation: Single Cell

DESCRIPTION OF SUICIDE RELATED BEHAVIORS

The inmate engaged in a Self-Harm without Injuries, a self-inflicted, potentially injurious behavior for which there is implicit or explicit evidence that the person did not intend to kill himself/herself (i.e. had zero intent to die) which produced no injuries.

The lethality of this behavior was assessed to be Low.

Method of self harm or suicide attempt: Ingestion- Other Pencil

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Medical Record, Presentence Report, Psychology Data System, Sentry

Reason for Referral

This note was generated due to psychology being alerted on 7/20/2016 at 5:55PM that inmate Pinson had swallowed a pencil. A clinical interview was conducted at 6:04PM on 7/20/2016.

Mental Health History

This information was taken from the inmate's most recent Diagnostic and Care Level Formulation dated 6/9/2016

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives). While in treatment, she was secluded twice for "out of control behavior" and "threats to staff." During this period of time, she was diagnosed with depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder. Following a month of treatment she was discharged.

In 2002, inmate PINSON was admitted to Broughton Hospital in North Carolina for self-mutilation. During this incident, Inmate PINSON indicated a desire to cut her wrists but due to not having the correct "object" in which to do so, she stuck her "finger in her nose to break blood vessels and then started biting the inside of her cheek with the hope she would lose enough blood to die." Inmate PINSON was discharged after approximately 2 months.

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because she thought it was funny." She further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of her mother's dogs to death and kicked another dog in the head which lead to the dogs death. Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate her environment." For example, at age 10 inmate PINSON threatened to "kill herself if mental health staff and her mother set limits on her behavior." During childhood she further "cut her wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in her nostrils to make her nose bleed."

In 2006, while housed at Fort Worth Correctional Institution, inmate PINSON took 25 nitroglycerin pills stating "they make the voices go away." However, later she acknowledged taking them because "no one was responding to her requests when she made them." She stated, "I decided I would do something to make them listen to me." According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: OKL

Unit Team: HOLDOVER

Date: 07/20/2016 18:49 Provider: Peters, J. Ph.D.

began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting her testicles). It is important to note, several SRAs indicate a tendency to utilize suicidal ideation/harm as a means of controlling the conditions of her environment.

Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

Self-Harm History

Inmate Pinson has an extensive history of engaging in self-harm behaviors while incarcerated in the BOP. Her self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), swallowing objects (such as pencils, sporks, metal, etc.), and inserting objects (such as springs from inhalers, paper clips, etc).

The inmate's most recent self-harm occurred on 7/8/2016 when inmate Pinson started a fire in her cell and tied "two pieces of cloth" around her neck. The following is from the second SRA completed on that date after she smeared blood on door of the suicide watch cell.

"She denied suicidal ideation, however, she indicated she was frustrated. Inmate PINSON said "I'm going to create a theatrical behavioral disturbance if I don't get a cellmate." She denied suicidal ideation, intent, and plan. She admitted that she wanted to gain attention to her situation (i.e. new cellmate and an update on designation). She stated she has been requesting a cellmate since her last cellmate left 3 days ago and gave two names to the SHU Lt. as possible cellmates. SHU staff were informed of her threats to create a behavioral disturbance."

Current Problem

The inmate expressed her discontent with being housed in the Heightened Visibility Cell and the restrictions she has been placed on since her arrival at FTC OKL. She indicated that she swallowed the pencil because the officers were trying to "trick" her out of her cell to obtain the pencil. She stated that if the officers wanted to get the pencil they would have to "dig it out." She denied any intention of killing herself.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Problem solving deficits

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: OKL

Unit Team: HOLDOVER

Date: 07/20/2016 18:49 Provider: Peters, J. Ph.D.

reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

Inmate Pinson denied suicidal ideation, intention, and planning. She presented as future oriented when she discussed her family and that fact that she planned on beginning litigation against staff members at FTC OKL when she arrived at THP. She indicated that she swallowed the pencil because she felt the officers were trying to "trick" her and take her pencil away while they changed her sheets. She also stated that she wanted to "be left the fuck alone" and if staff continued to mess with her she would engage in disruptive behavior. She continued to express her discontent and disagreement with her current housing and restrictions.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated. She will remain on Heightened Visibility with the same restrictions. Psychology services will follow-up within five business days if the inmate remains at FTC OKL at that time. No change to the inmate's [CARE3-MH] code is warranted at this time. She could benefit from DBT at her designated institution.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Peters, J. Ph.D. on 07/20/2016 21:35

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: OKL	Unit Team: HOLDOVER
Date: 07/20/2016 08:55	Provider: Gillard, Nathan Ph.D.	

Focus of Session

The inmate was seen due to a recommended mental health follow-up. This report is based upon a review of select SENTRY records, select PDS records, and a clinical interview conducted at FTC Oklahoma City.

Subjective/Objective Presentation

Inmate PINSON is a 30 year old WHITE (HISPANIC ethnicity) Transgender Female housed as a HOLDOVER at OKL. Current diagnoses include Borderline and Antisocial Personality Disorders, as well as Gender Dysphoria. She has an extensive history of self-harm to including swallowing and ingesting items, inserting objects in her urethra, attempted overdose on medications, setting fires to "suffocate," and mutilation of her testicles. Self-harm appears to occur both due to poor distress tolerance and as a calculated means of receiving attention or other desired outcomes. Most recent suicide watch ended five days ago. She has been housed in the Heightened Visibility cell on restriction from razors and pencils since arriving last night. Her primary concern today was receiving a cellmate. She argued that a cellmate would help her cope and suggested specific inmates she had known at previous institutions (note that most of these inmates also had self-harm histories). She wanted that property restrictions often led her to act out (note that during a previous holdover at OKL, he attempted to overdose and smeared blood on the windows and walls of his cell; note also that inmate did not identify as transgender at that time). Reasoning for restrictions and the consequences of her past behavior were discussed. Inmate acknowledged the explanation as rational but continues to insist that a cellmate and razors should be provided.

MENTAL STATUS: Mood was calm with matching but somewhat animated affect. Speech was within normal limits. Thoughts were logical and goal-directed but notable for strong antisocial thinking style. Behavior was argumentative but eventually cooperative.

Intervention(s)

The connection between inmate PINSON's past behavior and current restrictions was reinforced. Alternative coping strategies were discussed. Inmate was minimally receptive.

Progress/Plan

The inmate was directed to contact Psychology Services should a mental health crisis develop. Psychology Services will follow up within five business days, if the inmate remains at FTC Oklahoma City at that time. Current restrictions (Heightened Visibility cell, pill-line meds, no razors, no pencils) will continue.

Completed by Gillard, Nathan Ph.D. on 07/20/2016 09:13

Bureau of Prisons
Psychology Services
Risk of Sexual Victimization

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: OKL	Unit Team: HOLDOVER
Date: 07/18/2016 18:39	Provider: Peters, J. Ph.D.	

Comments

During the R/D intake screening process, the PREA Intake Objective Screening Instrument (P5324.XX, Attachment A) was utilized for Inmate PINSON. Based on the documentation available at the time of the screening and Inmate PINSON's self-report, he was identified by screening staff as being at risk for sexual victimization due to:

- () Having a history of being sexually assaulted while in the community
- (x) Having a history of being sexually assaulted while incarcerated (multiple closed V SA UNV codes; No current open codes)

and/or having two or more of the following:

- () Small in stature (i.e., less than 164 pounds; slight build)
- () Being youthful (i.e., less than 21 years old)
- () Having developmental/mental/medical disabilities
- (x) Is or is perceived to be LGBTI or gender non-conforming

and/or having the following criminal history:

- () Never previously incarcerated
- () Criminal history is exclusively nonviolent
- () Prior convictions for sex offenses against an adult or child

As required by P5324.XX, Sexually Abusive Behavior Prevention and Intervention, Inmate PINSON was seen by Psychology on today's date to assess his level of risk for sexual victimization. At the onset of this clinical contact, the inmate was informed about the BOP requirements regarding PREA. Inmate PINSON indicated an understanding of the institution's policy on preventing victimization.

Protective factors were also reviewed and the following were noted:

- () Multiple incarcerations without history of victimization
- (x) Assertive presentation
- (x) Denies being fearful of general population
- () Other:

Based on this clinical assessment, the inmate is considered to be at:

- (x) Low Risk of Victimization at this facility (Note: Even though this inmate is judged to be at low risk of victimization, an unforeseen change in risk factors may significantly alter his risk level.).
- () High Risk of Victimization. This inmate should not be housed with any inmates judged to be at an increased risk for sexual abusiveness.

The inmate understands the procedure for contacting Psychology for routine or emergent services.

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	OKL
Date:	07/18/2016 18:39	Unit Team:	HOLDOVER
		Provider:	Peters, J. Ph.D.

Completed by Peters, J. Ph.D. on 07/18/2016 19:55

**Bureau of Prisons
Psychology Services
Brief R&D Screening**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	OKL
Date:	07/18/2016 12:52	Provider:	Peters, J. Ph.D.
		Unit Team:	HOLDOVER

Comments

BASIS OF REPORT: Inmate PINSON was seen due to a mental health question which arose as part of the intake screening process at FTC Oklahoma City. The goal of the screening was to rule-out imminent suicide risk and psychopathology-related management issues. This report is based upon the completed PSIQ, a review of select SENTRY records, a review of select PDS-BEMR records, and a clinical interview conducted at FTC Oklahoma City.

PRESENTING DATA: Available records indicate a history of engaging in self-harm behaviors and voicing suicidal ideation to change conditions of confinement. Records also indicate a diagnosis of BPD, ASPD, and Transgender, validated male to female. Information from Health Services indicates he is currently prescribed Clonazepam, Trileptol, Cymbalta, and Perphenazine. The primary concern given by the inmate was having a cellmate in SHU. The inmate reported feeling anxious and depressed. However, the inmate denied being in crisis at this time.

MENTAL STATUS was unremarkable.

FINDINGS: A history of engaging in self-harm behavior was reported, the most recent of which occurred 7/8/2016 via smoke inhalation. He was on suicide watch for 135 hours. Current suicidal or homicidal ideation was denied, and he agreed to contact staff if such thoughts should occur.

RECOMMENDATIONS: The inmate was directed to contact Psychology Services should a mental health crisis develop. Brief counseling was provided regarding managing time in transit. Place in the HEIGHTENED VISIBILITY CELL. Modify housing conditions as follows: NO SHARPS. All medication must be on pill line. Psychology Services will follow up within five business days, if the inmate remains at FTC Oklahoma City at that time.

Completed by Peters, J. Ph.D. on 07/19/2016 16:28

Drafted by Lee, Debra Psych Sec

Bureau of Prisons
Psychology Services
Behavioral Observation

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/14/2016 17:17	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Comments

This writer was contacted by Ops Lt. that Inmate Pinson returned from her outside hospital trip and wanted to speak with Psychology Services. Inmate Pinson reported that she was still medicated from her procedure at the hospital, but she was able to comprehend our discussion.

We discussed her recent incident reports that she received on 7/8/16. This writer informed her that she was found competent and responsible for setting the fire and destroying property in the SHU. She became irate with this writer and stated, "I already knew you didn't want to be the most hated person on this compound and you were going to go with the crowd. This is why I already contacted my lawyer on Tuesday to tell them how this was going to go. The entire legal team will be working on this incident and bring everyone down at Allenwood who had a piece in this incident. Trust me!" She added, "I get it, I know you have to still work with these people after I am gone. I knew you would do this."

Inmate Pinson continued to escalate and began asking why her housing assignment was in the back of the hospital in Health Services versus being placed back in the SHU since she was taken off of watch. This writer explained to Pinson that after consulting with the Captain and SHU Lt it was recommended for her to be double celled in the SHU with an appropriate cellmate, and unfortunately an appropriate cell mate has not been found yet. She appeared frustrated with this explanation, since she provided a specific name of an inmate in SHU that she believed she could live with. She was informed that this inmate is already double celled in the SHU.

She was not open to anything else this writer had to say and started walking back to her bed. She stated, "When you walk away from this door, it will be the last time I speak to you." She added that she will no longer speak to anyone in Psychology Services.

Ops Lt was informed of this interaction.

Completed by Handel, Alysia Psy.D. on 07/14/2016 18:28

Bureau of Prisons
Psychology Services
Institution Disciplinary Process Report

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/14/2016 16:18	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGEIIA

Reason for Referral and Identifying Information

Pinson received two incident reports on 7/8/16: 103 (setting a fire) and 218 (destroying, altering, or damaging property valued in excess of \$100). The inmate did ultimately get sent to an outside hospital.

Background Information

Inmate has a long history of acts and threats of self-harm, impulsive behavior, and disruptive behavior when she feels that she is not being "heard" or respected. She has a history of Borderline Personality Disorder, severe.

Clinical Interview and Mental Status Exam

Pinson was evaluated on 7/8/16 by this clinician after she returned from the outside hospital.

Clinical Impression

Inmate PINSON's actions did not appear to be the result of mental health symptoms. She appears to have engaged in her behaviors as the result of poor decision making skills.

Findings

She appears competent as she is able to understand the disciplinary proceedings and assist in her defense. She appears responsible as she did not have a mental disease or defect that made her unable to appreciate the nature, quality, or wrongfulness of her acts.

There Inmate PINSON should be held responsible for the above mentioned incident reports.

Recommendations Regarding Sanctions

Inmate PINSON is assessed to be responsible for her behaviors and should be held accountable through the disciplinary process for his incident report on 7/8/2016.

Completed by Handel, Alysia Psy.D. on 07/14/2016 16:25

Bureau of Prisons
Psychology Services
Post Suicide Watch Report

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064	
Date of Birth: [REDACTED]	Sex: M	Facility: ALP	Unit Team: CHALLENGE
Date: 07/14/2016 12:57	Provider: Handel, Alysia Psy.D.		

Watch Start Date: 07/08/2016 17:00 **Watch Stop Date:** 07/14/2016 08:30

Total Time on Watch: 135 hrs 30 minutes

Watch Conducted By: Staff

Transferred to Medical Center: No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Risk Factors Assessed:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Problem solving deficits

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson stated that her attempt to kill herself from smoke inhalation was impulsive and emotional reaction to stress. She reported ruminating for several days about her "next stop in the BOP" and what kind of mental health and medical treatment (hormone therapy) would be available.

We reviewed coping strategies and skills, emphasizing how she will not be able to control where she is designated. We discussed how continued self-harming behavior could possibly prevent her from future programming. She agreed and reported to discontinue her self-harming behaviors.

Pinson denied any current suicide and self-harm intent/plan. She expressed future oriented thinking regarding programming at another institution.

Changes in Risk Factors Assessed

Improved mood (laughing and joking with staff); decreased hopelessness; credible denial of current suicide and self harm thoughts, plan, and intent.

Reason for Removal from Watch

Inmate denied suicidal ideation, intent, and plan. She expressed future-oriented thinking with the desire to program at another facility.

Diagnosis:

Antisocial Personality Disorder, F60.2*b - Current

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

Ex. 2, Attach. A, p. 25

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/14/2016 12:57	Unit Team:	CHALLENGE
		Provider:	Handel, Alysia Psy.D.

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Present

Recommendations

Inmate Pinson reported she is currently stable and credibly denied suicidal ideation, plan, and intent. She was able to talk about her goal of programming at her next institution. Pinson was discontinued from suicide watch. Psychology Services will continue see Inmate Pinson weekly per MHCL-3 policy. DBT and other cognitive-behavioral interventions will continue with her.

Completed by Handel, Alysia Psy.D. on 07/14/2016 15:43

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/13/2016 15:45	Provider:	Mitchell, John PsyD/Chief
		Unit Team:	CHALLENGER

Observations

PINSON was seen in the suicide watch area; the log book was reviewed. Engaged in a lengthy discussion about his stressors and how he tends to choose a "nuclear option" when applying his intellect and problem-solving would serve him so much better. Examined antisocial and narcissistic aspects of his liking the "nuclear option."

Changes Since Last Contact

More stable with no recent disruptive behaviors.

Comments

Dr. Handel to see tomorrow with likely removal from watch.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate tomorrow.

Completed by Mitchell, John PsyD/Chief Psychologist on 07/27/2016 14:56

**Bureau of Prisons
Psychology Services
Suicide Watch Contact**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/12/2016 15:45	Unit Team:	CHALLENGER
		Provider:	Mitchell, John PsyD/Chief

Observations

PINSON was seen in the suicide watch area; the log book was reviewed.

Changes Since Last Contact

None; Pinson understands I will keep her on watch until Dr. Handel evaluates her. Discussed last week's events and his thoughts/feelings about them.

Comments

Borderline and antisocial/narcissistic personality features remain prominent.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate tomorrow.

Completed by Mitchell, John PsyD/Chief Psychologist on 07/27/2016 14:59

**Bureau of Prisons
Psychology Services
Suicide Watch Contact**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/11/2016 15:45	Unit Team:	CHALLENGEIIA
		Provider:	Mitchell, John PsyD/Chief

Observations

PINSON was seen in the suicide watch area; the log book was reviewed.

Changes Since Last Contact

Pinson remains a risk for self-harm behaviors. I told her she will likely remain on watch until seen by Dr. Handel this Thursday.

Comments

Still signs of emotional volatility.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate tomorrow.

Completed by Mitchell, John PsyD/Chief Psychologist on 07/27/2016 15:03

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 07/10/2016 09:06	Provider: Bruno, AnnMarie Psy.D.	Unit Team: CHALLENGER

Observations

Inmate PINSON was seen for his daily watch contact with psychology. The log book was reviewed and the inmate was interviewed. She was observed to be pacing his cell and eating during the clinical contact. It was noted there were several tiles ripped up from the floor, which he admitted to doing during the previous night.

Inmate PINSON was eager to discuss the events, which transpired on Friday regarding placing her cell on fire. She admitted she set the mattress on fire because she believed it to be a "painless way to die." She continued to report details about breathing in the smoke in a dramatic fashion noting it was more painful but "only took a minute or two and I was out." She continued to report, "I will die here. I don't know how or when, but I will kill myself in prison. I have accepted that." She denied any current ideation to engage in self-harm but stated, "with me, it is moment to moment, day to day; I can't promise I won't want to hurt myself after you leave here." She was given time to vent frustrations regarding her single-cell placement and was informed this information would be passed on to her primary psychologist.

MSE: Inmate PINSON is a 30-year old WHITE validated male to female transgender who appeared her chronological age. She was alert and oriented times three and demonstrated no sign of fatigue. She was dressed appropriately but grooming was poor. Speech was normal in rate, rhythm, and tone. Eye contact was maintained throughout the encounter without marked disturbance. No evidence of psychomotor agitation or retardation was observed. She presented as polite and cooperative with this clinician. Thought process was linear but illogical relating to her beliefs on how she will serve out the remainder of her sentence. Attention and concentration appear to be within normal limits. Inmate PINSON demonstrated no obvious impairments in memory. Perceptual disturbances were denied and delusions were not elicited. Mood was euthymic with full, unrestricted range of affect. She denied suicidal/homicidal ideation, plan, or intent. Insight and judgment presented as limited.

Inmate PINSON will remain on watch with Staff observing his behavior.

Completed by Bruno, AnnMarie Psy.D. on 07/11/2016 09:19

Bureau of Prisons
Psychology Services
Disruptive Behavior Intervention

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/09/2016 10:29	Provider:	Heigel, Caron PhD
		Unit Team:	CHALLENGER

Comments

PINSON's watch contact occurred from 8:45am-9:20am. Several other watch contacts were conducted and then PINSON requested to speak with this clinician again. She stated that she was upset because the staff observing her documented that she had refused her meal because of hunger strike but had not documented that she was not offered a common fare meal. She was agitated and upset by this. She was informed that her common fare meal issues will be documented in the psychology watch contact and that food service will be contacted regarding the issue as well. She went back to the bed and this clinician left the watch area and wrote watch contacts in an office in Health Services.

Upon completion of notes at 10:20am, the Ops Lt came by the office and asked if I could come to the back because PINSON had several pieces of floor tile. Upon arrival to the watch area it was reported by staff that PINSON had returned one piece of floor tile, but she had another in her hand. She threatened to cut herself in the throat if it was not documented that she had been denied a kosher meal. She was advised that food service was currently preparing a Kosher meal for her and it would arrive shortly. She stated that she intended to refuse the meal because of her hunger strike and that the meal itself was not the issue, but rather the fact that the officer did not document she was not offered a kosher meal.

After talking with the Lt and this clinician, PINSON eventually gave up the piece of floor tile and appeared to calm down. She took her meds after talking with staff and then went back to the bed and laid down.

Completed by Heigel, Caron PhD on 07/09/2016 10:37

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/09/2016 10:03	Provider:	Heigel, Caron PhD
		Unit Team:	CHALLENGER

Observations

Logbook reviewed

Comments

PINSON stated that she continues to experience significant suicidal ideation and intent to die. She described hopelessness about living "any longer in prison." She described her suicidal ideation as a "resolution and determination." She explained that she has identified various ways that she could kill herself and intends to try to die by smoke inhalation again when removed from watch. She expressed disappointment after being told by the doctor at the outside hospital that she would have likely died if she has been in the cell for another minute. She stated that she regrets submitting to hand restraints, but asserted "now I know what it's like and what I need to do. So I'll get it right next time."

PINSON stated that she knows she cannot start a fire on watch, so she intends to go on a hunger strike and refuse to drink water (other than the small amount she needs to take her medications). She reported that she knows not drinking water will increase and speed up the effects of her hunger strike. She also reported that she can not accept the meals, even if she were not on hunger strike, because they are not Kosher.

Recommendations

Remain on watch at this time with daily contacts by psychology.

Food service was informed that PINSON is on common fare meals

Completed by Heigel, Caron PhD on 07/09/2016 10:09

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/08/2016 19:11	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Observations

PINSON was seen in the suicide watch area and the log book was reviewed. She was resting under a blanket when this writer arrived. She came to the door when she saw this writer without being prompted. She reported she took her medications for the evening.

Changes Since Last Contact

Inmate Pinson returned from the community hospital this evening. We processed the various thoughts and feelings that fueled her self-harm today. She stated, "I am going to do everything in my power to commit suicide now to prove my point. Don't fuck with me and I won't fuck with you. They should have never moved my cellmate from me. Bad move. I was doing fine until my cellie was moved out of my cell." She stated that smoke inhalation is not the only means of achieving death, and that she is never leaving her current cell. She stated, "They will have take me to the trauma room back in this hospital where I will die." She also stated she was going on a hunger strike tomorrow morning. She indicated that the last time she went on a hunger strike she missed 46 meals and plans on beating that number. She also talked about biting her artery in her arm to bleed out as another means to kill herself while on watch.

I attempted to provide cognitive reframing and identification of cognitive errors with her, however, she was resistant and stated, "My mind is made up. No one can stop me. I am going to die at Allenwood."

Comments

The Warden has authorized the use of staff observers due to the lethality of her actions as well as recent disruptive behaviors during a previous placement on suicide watch.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate tomorrow.

Health Services staff were notified of Inmate Pinson possibly going on a hunger strike tomorrow.

Completed by Handel, Alysia Psy.D. on 07/08/2016 19:44

Bureau of Prisons
Psychology Services
SHU Review

** SENSITIVE BUT UNCLASSIFIED **

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility	ALP
Date:	07/08/2016 16:56	Unit Team:	CHALLENGER
		Provider:	Handel, Alysia Psy.D.

Placed in SHU:	07/08/2016	Type:	SHU
Status:	DISC. SEGREGATION	Threat to Self:	Low
Basis of Review:	Inmate was interviewed	Adjustment:	Satisfactory, segregation not detrimental
Mental Status:	No significant mental health issues.	Threat to Others:	Low

Comments

Please refer to SRA on today's date which occurred during SHU rounds/reviews in the am.

Completed by Handel, Alysia Psy.D. on 07/08/2016 17:19

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED] Sex: M Facility: ALP
Date: 07/08/2016 11:17 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
Unit Team: CHALLENGE

Type of Housing: SHU- Administrative Segregation
Cell Accommodation: Single Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:
Clinical Interview, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 07/08/2016 at approximately 8:30 am I was conducting weekly SHU rounds. A SHU officer requested I go to Pinson's cell door as there was blood on the cell door window. I immediately walked to Inmate Pinson's cell to assess the situation.

****Inmate Pinson was assessed cell side. She was offered a contact outside of the cell. She refused to be removed from her cell as her main concerns did not involve psychological issues; she wanted to have a cellmate and an update on her transfer.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits. Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Previous evaluations have found her incidents of self-harm to include motivations of releasing her frustrations/distress and pursuing ending of her life, while other incidents of self-harm seemed to be in pursuit of specific goals.

Current Problem

Inmate Pinson reported that the blood on her window was from a nose bleed. She adamantly denied suicidal ideation, intent, or plan. She refused to be removed from her cell as her main concern did not involve psychological issues or concerns; she wanted to have a cellmate and an update on her transfer. Upon request, she removed and cleaned the blood from the window. This writer confirmed that the blood did not come from any act of self harm. I asked the inmate to show me her arms and she complied with this request without any signs of injuries.

Inmate Pinson stated she requested a cellmate three days ago and is frustrated that she has no one to talk to in her cell. She denied suicidal ideation, however, she indicated she was frustrated. Inmate PINSON said "I'm going to create a theatrical behavioral disturbance if I don't get a cellmate." She denied suicidal ideation, intent, and plan. She admitted that she wanted to gain attention to her situation (i.e. new cellmate and an update on designation). She stated she has been requesting a cellmate since her last cellmate left 3 days ago and gave two names to the SHU Lt. as possible cellmates. SHU staff were informed of her threats to create a behavioral disturbance.

She was able to discuss coping skills and presented as future-oriented.

Current Mental Status

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 07/08/2016 11:17 Provider: Handel, Alysia Psy.D.

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Problem solving deficits

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations. We talked about rescheduling our weekly contact from Tuesday to Thursday next week since this writer will not be at the institution on that day. She was able to discuss coping skills and presented as future-oriented.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. SHU staff were informed of Inmate Pinson's verbal threats to create a behavioral disturbance. SHU staff was also informed of the two inmates she requested to have as a cellmate. The inmate will continue to be seen weekly for Care3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

After this contact was completed another Suicide Risk Assessment was completed for Inmate Pinson as she warranted reevaluation. Please see the Suicide Risk Assessment written by F. Adams on this date for the most recent information regarding her mental health status.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 07/08/2016 15:32

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: ALP
 Date: 07/08/2016 11:15 Provider: Adams, F Psych Intern

Reg #: 16267-064
 Unit Team: CHALLENGEIIA

Type of Housing: SHU- Administrative Segregation
Cell Accommodation: Single Cell

DESCRIPTION OF SUICIDE RELATED BEHAVIORS

The inmate engaged in a Undetermined Suicide Related Behavior with Injuries, a self-inflicted, injurious behavior for which the intent is unknown, which resulted in non-fatal injury.

The lethality of this behavior was assessed to be High.

Method of self harm or suicide attempt: Asphyxiation- Other neck ligature & smoke due to cell fire

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Cell/Property Search, Medical Record

Inmate was not able to be interviewed. This evaluation is being completed using records and other available information.

Reason for Referral

At 11:08 AM on July 8, 2016 this writer entered the Special Housing Unit (SHU) to provide a clinical contact with an inmate on D-range. Shortly after entering SHU, custody staff escorted me onto the range. Custody staff began distributing food trays, starting at the cells closest to the range door. This writer verbalized that something smelled of smoke. This writer walked down the range to investigate where the smell was coming from. Smoke could be seen emanating from the left side of cell Z04-235. Cell Z04-235 is occupied by inmate Pinson #16267-064.

This writer was unable to see through the window due to smoke and yelled to the officers on the range that "cell 235 is full of smoke". The officers ran to the cell and opened the wicket, ordering Inmate Pinson to "cuff up". Pinson placed her hands through the wicket and willfully submitted to cuffs behind her back. An officer then opened the cell door, and Pinson fell to the floor. The officers started to move Pinson. This writer observed Pinson with two pieces of cloth wrapped around her neck (one pinkish and one off-white). This writer attempted to help an officer remove the pieces of cloth and attempted to assist custody staff in lifting her to remove her from the range. However, custody staff arrived on the range with a board to remove her from the range. At this point, this writer left the range.

Inmate Pinson was removed from the range. She was unable to be interviewed due to her emergent medical needs.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits. Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Previous evaluations have found her incidents of self-harm to include motivations of releasing her frustrations/distress and pursuing ending of her life, while other incidents of self-harm seemed to be in pursuit of specific goals.

Current Problem

Smoke was observed emanating from Inmate PINSON's cell. She was removed from the cell and two pieces of cloth were removed from her neck. PINSON was not able to be interviewed. Her eyes were closed, she did not respond to verbal communication. Medical staff removed her from the range for immediate medical attention.

Current Mental Status

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 07/08/2016 11:15 Provider: Adams, F Psych Intern

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Other

General Appearance: Unkempt/disheveled

Behavior: Other

Mood: Other

Thought Process: Goal Directed

Thought Content: Normal

Please note that her current mental status could not be accurately assessed. All questions were answered as if her current mental status was normal because the available options to answer the questions were unavailable or did not accurately portray what was observed.

It was not readily apparent whether or not Inmate PINSON was conscious. She was unable to participate in an interview thus her mood, thought processes, and thought content could not be assessed. She did not evidence any voluntary psychomotor activity during this interaction after she was placed into hand restraints.

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

Of the **DYNAMIC** risk factors assessed, none were found to be present.

Of the **PROTECTIVE** risk factors assessed, none were found to be present.

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

Dynamic and protective factors could not be assessed, as Inmate PINSON was unable to engage with this writer.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: High

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide Watch should be initiated upon return to the institution after receiving necessary medical care. Inmate Pinson will be seen by psychology services daily while on suicide watch. She will be assessed during future suicide watch contacts.

The Warden has authorized the use of staff observers due to the lethality of her actions as well as recent disruptive behaviors during a previous placement on suicide watch. Inmate Pinson is authorized to have a suicide watch gown, mattress, and blanket while on suicide watch.

Suicide Watch: A suicide watch is to be initiated immediately

Completed by Adams, F Psych Intern on 07/08/2016 14:53

Reviewed by Ennis, L. PsyD on 07/08/2016 15:49

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	07/05/2016 18:37	Unit Team:	CHALLENGE
		Provider:	Kuczwalski, Waldemar Psy.D.

Focus of Session

This was a meeting related to a PREA complaint that was filed against another inmate. Inmate Pinson was not part of those events but has completed the BP-8 that was filed by another inmate to alert staff of potential PREA violation.

Subjective/Objective Presentation

Inmate Pinson's mental health status was within normal limits. His affect was normal and his mood was euthymic. He was alert and was oriented x 4.

Intervention(s)

Inmate Pinson was asked to elaborate on the complaint, his role in it, and to report his knowledge of any events. His report was inconsistent with the reports of others in this case.

Progress/Plan

None at this time. This was an interview to gather any available information regarding the alleged incident.

Completed by Kuczwalski, Waldemar Psy.D. on 07/05/2016 18:44

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGER
Date: 07/05/2016 12:59	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for her Care 3 weekly contact. She was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson reports and exhibits a marked improvement on memory and focus since the recent increase in her medications. She indicated that she is no longer experiencing racing thoughts or panic attacks. She stated she is sleeping better. She described a mindfulness technique of tasting her food and being aware of the textures of the different elements of her meal; she found this to be helpful for stress management. She mentioned she remains focused on her upcoming trial in October. She discussed ruminations and anxiety about a being designated to another facility (main issue not knowing where). Reviewed urge management and existing coping skills.

During the clinical contact, Inmate PINSON presented as happy and smiled frequently in session. She was oriented to person, place, time, and situation. Mood was elevated with congruent affect. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 07/08/2016 07:11

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/28/2016 13:21	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Focus of Session

Inmate was seen for her Care 3 weekly contact. She was seen in a private office in the SHU.

Subjective/Objective Presentation

During the clinical contact, Inmate PINSON presented as sluggish but oriented to person, place, time, and situation. Mood was blunted with congruent affect. She had difficulties looking up at the lights in the office in session from a reported migraine. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

The session was ended early due to Inmate Pinson not feeling well. She mentioned she continues to work on legal work to stay focused in the SHU. She discussed ruminations and anxiety about a being designated to another facility (main issue not knowing where). Reviewed urge management and existing coping skills.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 06/30/2016 14:04

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: ALP
 Date: 06/27/2016 15:31 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
 Unit Team: CHALLENGE

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Medical Record, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 06/27/2016 at approximately 2:15 PM I was contacted by Ops Lt, who indicated that PINSON was potentially suicidal. I evaluated the inmate in a private setting in the SHU at approximately 2:30 PM on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits. Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Previous evaluations have found her incidents of self-harm to include motivations of releasing her frustrations/distress and pursuing ending of her life, while other incidents of self-harm seemed to be in pursuit of specific goals.

Current Problem

Inmate Pinson stated she "woke up depressed and had urges to self-harm." She discussed her fears with being designated and was now perseverating where she "was going to land." Also reported she is fearful of going into a state placement with all of her "separates" in the BOP with her main concern being her hormone therapy.

After a lengthy discussion, she denied suicidal ideation, intent, and plan and reported she had "plenty of legal work to do before her 1:1 session tomorrow am."

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Sleep problems, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs

Ex. 2, Attach. A, p. 42

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064
Date of Birth: [REDACTED] Sex: M Facility: ALP Unit Team: CHALLENGER
Date: 06/27/2016 15:31 Provider: Handel, Alysia Psy.D.

against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson reported she had thoughts of cutting today, but has been using urge management, distraction (her legal work), and talking to her cell mate to stay focused. Pinson was verbally reinforced for alerting staff before acting on her impulses. Inmate Pinson displayed future orientation during the interview by talking about tomorrow's session.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current
Borderline personality disorder, 301.83 - Resolved
Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. The inmate will continue to be seen weekly for Care3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 06/27/2016 15:55

Bureau of Prisons**Psychology Services****Consultation - Supervised Shaves/Razor Restriction**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/23/2016 09:18	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Comments

Inmate Pinson has a long history of disruptive and self harming behaviors. She is currently on razor restriction and is requesting for the restriction to be removed. She is reporting increased anxiety from her body hair, particularly her facial hair since she identifies herself as a female.

Inmate Pinson has successfully completed two supervised shaves with this writer. It is the understanding that after another completed supervised shave, her razor restriction will be lifted. She reported she has not hurt herself with a razor, and has no motivation to hurt herself since she is waiting for a transfer to another facility. She also reported that she has hurt herself at ALP with a variety of other objects she already had in her cell and has daily access too. She wants the ability to remove her body hair daily by herself. It was explained to her that she will not receive another razor if she does not use issued razors appropriately after the restriction is lifted.

PINSON is currently functioning well. She is medication compliant and has refrained from self-harm for several weeks, particularly because she has a cell-mate giving her the social support needed during periods of frustration. She is actively engaged in weekly sessions with this writer. Thought process is clear and logical. Mood is stable, mild dysphoria at times. Denies suicidal ideation, intent, and plan. Gender Dysphoria issues are stable at present with moodiness reported after her recent increase in the dosage of her hormone therapy approximately a week ago.

I consulted with the Chief Psychologist, Dr. Mitchell and Captain Feltman regarding Inmate Pinson's request to remove her razor restriction.

Completed by Handel, Alysia Psy.D. on 07/18/2016 08:22

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGER
Date: 06/21/2016 10:17	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for her Care 3 contact. She was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson began session discussing a "mental check list" that she typically arrives to session each week. The list began discussion about incentives and how important a routine is to her. This writer validated the importance of having a routine and agreed to attempt to keep a schedule for her incentives with positive behavior. She then talked about sex reassignment surgery and reported she was going to pursue it if it was provided in the BOP. She discussed reading different staff notes she requested. She mentioned that she was going proceed legally with certain individuals. She mentioned pat searches, shaving recommendations, and being in pain from her swollen scrotum as areas she was going to soon address.

We reviewed her successful time on the compound and how she was adjusting to being back in the SHU was going for her. She complimented and praised her cellmate for keeping her "inline" and being a huge protective factor for her urge management. She stated, "My depression and anxiety are organic not environmental." She talked about wearing a mask and not wanting to open up completely. Even though she mentioned in this session that she wears a mask, Inmate Pinson shared a great deal in this session. This openness was reinforced by this writer.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was elevated with congruent affect. She was laughing and smiling in session. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 06/27/2016 13:06

Bureau of Prisons
Psychology Services
Institution Disciplinary Process Report

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/21/2016 07:50	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Reason for Referral and Identifying Information

Pinson received a 228 incident report on 6/5/16 for self-mutilation. The inmate did ultimately get sent to Geisinger Medical Center for surgical procedures.

Background Information

Inmate has a long history of acts and threats of self-harm, impulsive behavior, and disruptive behavior when she feels that she is not being "heard" or respected. She has a history of Borderline Personality Disorder, severe.

Clinical Interview and Mental Status Exam

Pinson was evaluated on 6/7/16 by this clinician after she returned from the outside hospital.

Clinical Impression

Self-mutilation was due to emotional distress and mental health symptoms.

Findings

Pinson expressed hopelessness and suicidal ideation behind her actions of self-mutilation. She was assessed to be in need of suicide watch placement upon completion of medical evaluation/treatment.

Recommendations Regarding Sanctions

Pinson should be considered NOT RESPONSIBLE for the 228 incident report of Self-mutilation on 6/5/16. This report will be forwarded to the Lt., Unit Team, and DHO.

Completed by Handel, Alysia Psy.D. on 06/21/2016 07:59

**Bureau of Prisons
Psychology Services
CCARE Team Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/20/2016 11:27	Unit Team:	CHALLENGER
		Provider:	Mitchell, John PsyD/Chief

Participants

CCARE meeting held in conjunction with SHU meeting on this date. Following were in attendance:

F. Passanitti, Unit Mgr.; M. Rodarmel, Unit Mgr.; M. Magyar, AHSA; B. Feltman, Captain; E. Klinefelter, SHU Lt.; J. Mitchell, Chief Psych. and MHTC

Comments

Pinson was reviewed as a Care3-MH inmate. She is waiting redesignation for transfer. She remains a staff-intensive case for multiple departments; will continue to be seen weekly.

Completed by Mitchell, John PsyD/Chief Psychologist on 07/15/2016 11:29

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/15/2016 07:36	Unit Team:	CHALLENGER
		Provider:	Mitchell, John PsyD/Chief

Focus of Session

Pinson was seen in a private office in SHU today after he told the SHU #1 he needed to speak with a psychologist.

Discussed his criminal history, history of mental health issues, self-concept, reasons why he tends to self-destruct, etc. She also asked about incentive items. Overall it was a substantive session and she was engaged throughout. By session end, she assured me she was not thinking of self-harm.

Subjective/Objective Presentation

Stable in mood; open to feedback, including my impression of her narcissistic features which tend to cause emotional upset whenever a "decision" or "ruling" does not go her way... she essentially sees her views as the "only right ones;" able to laugh about that with me while also admitting to the myopic view this represents that sometimes causes her problems.

Intervention(s)

Active listening; review of emotional self-regulation concepts and coping skills.

Progress/Plan

Will be seen by Dr. Handel.

Completed by Mitchell, John PsyD/Chief Psychologist on 06/16/2016 10:30

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention (V)

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGER
Date: 06/14/2016 12:28	Provider: Handel, Alysia Psy.D.	

Comments

Psychology was notified on 06/14/2016 at approximately 10:00 AM by SIS Lieutenant Powell that Inmate Pinson had reported more detailed allegations related to PREA. Additional details were provided regarding an allegation reported on 5/9/2016 so a new Sexual Abuse Intervention note was written.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the following allegations:

Inmate Pinson was interviewed on 5/9/2016 regarding allegations she was sexually propositioned by another inmate on 5/6/2016, 5/7/2016, and 5/8/2016. SIS received a cop-out on 6/13/2016 alleging that not only was she sexually propositioned she was forced to perform oral sex on the alleged perpetrator. She stated that the perpetrator was pressuring her cellmate to have oral sex and she stepped in to defend to him, this is when the perpetrator stated, "then you can take his place." She stated she was coerced to perform oral sex this one time since this inmate was a known gang member and had an ice-pick style weapon. She was unable to recall the exact date that this event occurred, but mentioned the last week in April.

During this contact, Inmate PINSON was oriented to person, place, time, and situation. She displayed appropriate grooming and hygiene. His speech was clear and goal directed. His mood was euthymic and he displayed congruent affect. She did not display any signs of depression or anxiety. She denied current suicidal ideation, plan and intent. She did not display any signs of psychosis or a thought disorder during this contact and she denied auditory and visual hallucinations. She also denied homicidal ideation.

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate. She did however request the hotline number and this will be provided.

Psychology will follow-up through weekly Care 3 contacts and SHU rounds.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., Chief of Correctional Services; PREA Compliance Manager; Chief Psychologist

Completed by Handel, Alysia Psy.D. on 06/14/2016 16:04

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/14/2016 11:26	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Focus of Session

Inmate was seen for a Care 3 contact in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson stated she was "overall in a good mood" and referenced the change in SHU staff with the recent quarter change. She reported, "They are a lot different now. In a good way." She has reported SHU staff in the past as being "rude and dismissive." She reported that the increase in Klonopin has been helping cope with the stress of "living back in the box." We discussed her recent book she read, "Man's Search for Meaning." Excellent dialogue about her thoughts on life and her view on hope versus hopelessness ensued. Reinforced existing DBT skills and discussed impulsivity triggers.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was normal with congruent affect. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 06/16/2016 09:39

Bureau of Prisons
Psychology Services
SHU Review

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN			Reg #:	16267-064
Date of Birth:	██████████	Sex:	M	Facility	ALP
Date:	06/10/2016 15:44	Provider:	Adams, F Psych Intern		
Placed in SHU:	06/06/2016	Type:	SHU		
Status:	ADMIN.DETENTION	Threat to Self:	Low		
Basis of Review:	Inmate was interviewed		Adjustment:	Satisfactory, segregation not detrimental	
Mental Status:	Significant mental health problems		Threat to Others:	Low	

Comments

Inmate requires significant mental health care on an ongoing basis; and/or crisis-oriented mental health care of significant intensity, e.g., placement on suicide watch or behavioral status. Accordingly, she is classified as a Care3-MH inmate. Follow-up contact is indicated and will be provided per policy guidelines. Additionally, while in SHU, she will have access to Psychology Services during weekly SHU rounds and will be seen for 30 day SHU reviews. She is aware of the procedure to elicit Psychology Services for routine or crisis needs, and indicated a willingness to do so if necessary.

Completed by Adams, F Psych Intern on 06/14/2016 11:55

Reviewed by Mitchell, John PsyD/Chief Psychologist on 06/20/2016 15:43

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/10/2016 11:37	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Comments

Psychology was notified on 06/10/2016 at approximately 8:30 am by Dr. Mitchell (via e-mail) that PINSON had reported allegations related to PREA.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the following allegations:

Inmate Pinson claimed she has sexual harassment complaints against multiple staff. SIS Lt. Powell and this writer interviewed Inmate Pinson in a private office in the SHU. Inmate Pinson reported that her undergarments (bra and panties) have been stolen by SHU staff. Lt. Powell stated that this complaint did not meet criteria for sexual harassment as a PREA case and will be handled as a staff conduct case.

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology will follow-up through weekly Care 3 sessions.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., Chief of Correctional Services; PREA Compliance Manager; Chief Psychologist

Completed by Handel, Alysia Psy.D. on 06/14/2016 15:48

Bureau of Prisons
Psychology Services
Post Suicide Watch Report

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/09/2016 14:52	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGE

Watch Start Date: 06/05/2016 21:00 **Watch Stop Date:** 06/09/2016 11:30

Total Time on Watch: 86 hrs 30 minutes

Watch Conducted By: Staff **Transferred to Medical Center:** No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Risk Factors Assessed:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson stated that her self-mutilation and ingestion of a variety of items was an impulsive and emotional reaction to staff. Also, she reported she ruminated about destroying her testicles after she discovered that glue on her scrotum from a prior hospital trip was coming undone; she reported she wants her testicles removed since they are the reason for all of her face and body hair.

We reviewed coping strategies and skills, emphasizing how she will not be able to control individuals and their interactions to stressors imposed by staff. We discussed the STAGES program and how continued self-harming behavior could possibly prevent her from programming. She agreed and reported to discontinue her self-harming behaviors.

Pinson denied any current suicide and self-harm intent/plan. She stated she is ready to return to SHU. She expressed future oriented thinking regarding programming at STAGES.

Changes in Risk Factors Assessed

Improved mood (laughing and joking with staff); decreased hopelessness; credible denial of current suicide and self-harm thoughts, plan, and intent.

Reason for Removal from Watch

Inmate denied suicidal ideation, intent, and plan. She expressed future-oriented thinking with the STAGES Program.

Diagnosis:

Antisocial Personality Disorder, F60.2*b - Current

Borderline personality disorder, 301.83 - Resolved

Ex. 2, Attach. A, p. 53

Inmate Name:	PINSON, JEREMY VAUGHN	Sex:	M	Facility:	ALP	Reg #:	16267-064
Date of Birth:		Provider:	Handel, Alysia Psy.D.	Unit Team:	CHALLENGE		
Date:	06/09/2016 14:52						

Transgender, validated male to female, 302.5b - Current

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Present

Recommendations

Inmate Pinson reported she is currently stable and credibly denied suicidal ideation, plan, and intent. She was able to talk about her goal of programming at STAGES. Pinson was discontinued from suicide watch and will return to SHU.

Psychology Services will continue see Inmate Pinson weekly per MHCL-3 policy. DBT and other cognitive-behavioral interventions will continue with her.

Completed by Handel, Alysia Psy.D. on 06/09/2016 15:19

Bureau of Prisons
Psychology Services
Mental Health Transfer Summary

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 06/09/2016 09:35	Provider: Handel, Alysia Psy.D.	Unit Team: CHALLENGIA

Medical Care Level: CARE2
Mental Health Care Level: CARE3-MH
Psych Alert: Yes

Diagnosis:

Transgender, validated male to female, 302.5b - Current

Psychotropic Medications:

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** **pill line***
 Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** **pill line***

Has the inmate been prescribed psychotropic medications? Yes

Is there a history of suicide ideation or attempts? Yes

PINSON mainly engages in self-harm due to low distress tolerance and feelings of lack of control; however, she does express transient suicidal ideation during times of distress. For example, "maybe I should just end it all to alleviate all of my frustration and mental suffering." Has had times of imagining how she would commit suicide, but no lethal attempts have been made.

Is there is a history of self-harm? Yes

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina. She admitted to wanting to "get rid of my testicles because they are the reason for my body and facial hair." PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), swallowing objects (such as pencils, sporks, metal, etc.), and inserting objects (such as springs from inhalers, paper clips, etc.).

Is the inmate currently confined to a locked unit? Yes

Inmate Pinson was placed in SHU at ALP for a PREA SIS investigation.

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives). While in treatment, she was secluded twice for "out of control behavior" and "threats to staff." During this period of time, she was diagnosed with depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder. Following a month of treatment she was discharged.

In 2002, inmate PINSON was admitted to Broughton Hospital in North Carolina for self-mutilation. During this incident, Inmate PINSON indicated a desire to cut her wrists but due to not having the correct "object" in which to do so, she stuck her "finger in her nose to break blood vessels and then started biting the inside of her cheek with the hope she would lose enough blood to die." Inmate PINSON was discharged after approximately 2 months.

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because she thought it was funny." She further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of her mother's dogs to death and kicked another dog in the head which lead to the dogs death. Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate her environment." For example, at age 10 inmate PINSON threatened to "kill herself if mental health staff and her mother set limits on her behavior." During childhood she further "cut her wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in her nostrils to make her nose bleed."

In 2006, while housed at Fort Worth Correctional Institution, inmate PINSON took 25 nitroglycerin pills stating "they

Ex. 2, Attach. A, p. 55

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/09/2016 09:35	Unit Team:	CHALLENGER
		Provider:	Handel, Alysia Psy.D.

make the voices go away." However, later she acknowledged taking them because "no one was responding to her requests when she made them." She stated, "I decided I would do something to make them listen to me." According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting her testicles). It is important to note, several SRAs indicate a tendency to utilize suicidal ideation/harm as a means of controlling the conditions of her environment.

Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

Current Functioning

PINSON is currently medication compliant, however she has not refrained from self-harm or disruptive behavior. A total of 5 SRAs have been completed by Psychology Services in the month of May/beginning of June along with a Disruptive Behavior Intervention. Pinson stated that her self-mutilation and disruptive behaviors were emotional reactions to stressors imposed by staff. We reviewed coping strategies and skills, emphasizing how she will not be able to control individuals and their interactions with her, but that she can exert control over the cognitive and emotional reactions she has to those interactions.

To what type of setting is the inmate transferring? BOP Institution

Type of services recommended:

- Individual Counseling
- Medication Monitoring
- Psychiatry Services
- PTP- STAGES

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Completed by Handel, Alysia Psy.D. on 06/09/2016 10:03

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/08/2016 18:57	Unit Team:	CHALLENGER
		Provider:	Kuczwalski, Waldemar Psy.D.

Observations

When this writer arrived to the suicide watch room inmate Pinson was standing at the door. Staff kept inmate under constant observation. Inmate Pinson participated in the evaluation but was not fully cooperative.

Changes Since Last Contact

Inmate Pinson loudly exclaimed that she should not be on suicide watch as she is not suicidal. Inmate minimized self harm incidents explaining that the cuts were nothing and that according to inmate Pinson her self harm was done only for self soothing. According to inmate Pinson it is easier for her to self-harm than to talk to psychology and that her self harm incidents are fully justified as before any self harm she asks to speak to psychology staff. According to inmate Pinson an example is when she asked to speak to psychology staff at midnight and could not it absolved her of responsibility and gave her permission to self-harm.

Comments

Inmate Pinson asked about Klonopin. She should remain on watch at this time.

Recommendations

Inmate Pinson should remain on watch at this time.

Completed by Kuczwalski, Waldemar Psy.D. on 06/09/2016 08:59

Bureau of Prisons
Psychology Services
Disruptive Behavior Intervention

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/07/2016 16:51	Unit Team:	CHALLENGER
		Provider:	Handel, Alysia Psy.D.

Comments

Inmate PINSON was referred to Psychology on 6/7/16 by the SHU Officer Sones, who reported to this writer that Inmate Pinson flooded the hospital and needed to speak to Psychology Services. Pinson was evaluated by this psychologist at the suicide watch area.

I arrived to speak with Inmate Pinson who had broken the sprinkler head inside of her cell while on suicide watch. I was asked to assist in retrieving a piece of metal she had in her mouth, since she refused to give the metal object to other staff members after several requests. I requested the piece of metal from Inmate Pinson, in which she complied. Confrontation avoidance was successful. She was then placed in ambulatory restraints.

Appropriate correctional techniques including restraints were recommended as Inmate PINSON engaged in a self-harm behavior while on suicide watch and flooded the Health Services hospital. At this time, she presented at continued risk of disruptive and self-harm behaviors.

Inmate Pinson later disclosed that a negative interaction with a staff member regarding her legal mail "set off her urges to pursue her disruptive behavior." Urge management and existing DBT skills were reviewed.

Inmate Pinson will remain on suicide watch and this was changed to staff observers given the active self-harm behaviors she displayed today. Continued medication compliance will be pursued.

Completed by Handel, Alysia Psy.D. on 06/07/2016 18:50

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/07/2016 13:18	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Observations

Inmate PINSON was seen in the suicide watch area; the log book was reviewed.

Changes Since Last Contact

Inmate Pinson went into detail on why she acted on her impulses. She reported that during a shower, she realized that the glue had become undone on her scrotum from a prior hospital trip. He then ruminated about "damaging her testicles." She added, "they are the reason for my facial and body hair. I want them gone."

We processed the various thoughts and feelings that fueled her self-harm. Provided cognitive reframing and identification of cognitive errors with her.

Comments

Inmate was cooperative with the assessment process at this time.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate daily.

Completed by Handel, Alysia Psy.D. on 06/09/2016 14:53

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/06/2016 08:13	Unit Team:	CHALLENGE
		Provider:	Mitchell, John PsyD/Chief Psychologist

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

DESCRIPTION OF SUICIDE RELATED BEHAVIORS

The inmate engaged in a Undetermined Suicide Related Behavior with Injuries, a self-inflicted, injurious behavior for which the intent is unknown, which resulted in non-fatal injury.

The lethality of this behavior was assessed to be Moderate.

Method of self harm or suicide attempt: Cutting along with ingestion

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Staff Interviews

Reason for Referral

On 06/05/2016 at approximately 9:00 pm I was contacted by Lt. Valencik, who indicated that PINSON had engaged in self-mutilation and ingestion of items. The inmate was being medically evaluated to determine if she required medical evaluation and treatment at an outside hospital. She did ultimately get sent to Geisinger Medical Center for surgical procedures.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Previous evaluations have found her incidents of self-harm to include motivations of releasing her frustrations/distress and pursuing ending of her life, while other incidents of self-harm seemed to be in pursuit of specific goals.

Current Problem

Pinson engaged in self-mutilation and ingestion of several items. Per the AHSA, Pinson was noted to have done the following:

Inmate Pinson, # 16267-064 was sent to Evangelical Community Hospital via government vehicle for ingesting 100 unknown pills, swallowing 3.5 pencils and a spork head, removing her testicular stitches from a previous self mutilation and inserting 4-5 metal springs into her scrotum. The medications and springs were all purchased from other inmates.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Other

General Appearance: Normal

Behavior: Cooperative

Mood: Sad/depressed

Thought Process: Goal Directed

Thought Content: Normal

Specific characteristics of current mental status were not assessed due to Pinson going to an outside hospital.

Ex. 2, Attach. A, p. 60

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064
Date of Birth: [REDACTED] Sex: M Facility: ALP Unit Team: CHALLENGER
Date: 06/06/2016 08:13 Provider: Mitchell, John PsyD/Chief Psychologist

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Current suicidal ideation, Current suicidal intention, Current suicidal plan, Feeling hopeless/helpless, Recent significant loss, Social isolation

Of the **PROTECTIVE** risk factors assessed, none were found to be present.

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

Dynamic factors were rated based on an assessment of his self-injurious behaviors and the quality of them. Protective factors will be further assessed upon the inmate's return from the community hospital.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Moderate

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Pinson should be placed on suicide watch immediately upon return from the community hospital. The use of inmate suicide watch companions was approved by the Warden. A psychologist will evaluate Pinson daily while she remains on suicide watch.

Suicide Watch: A suicide watch is to be initiated immediately

Completed by Mitchell, John PsyD/Chief Psychologist on 06/06/2016 08:23

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/03/2016 08:12	Provider:	Mitchell, John PsyD/Chief
		Unit Team:	CHALLENGEIIA

Focus of Session

Pinson was seen cellside and we talked extensively during my SHU rounds.

She discussed a variety of topics and painted herself as a person that can only do well if provided with the "right conditions in terms of cellmate, treatment provider, and institution I live in." She continues to express hopelessness that a transfer would mean "nothing will work for me...I was told Allenwood was the only place I could make it and if I can't make it here, I won't be able to anywhere." Challenged this notion and provided more realistic schemas for her future.

Subjective/Objective Presentation

Pessimistic and hopeless in thought processes.

Intervention(s)

active listening; communicated with primary psychologist and SIA regarding communications to Pinson about her transfer

Progress/Plan

Dr. Handel sees this inmate as a Care3 MH inmate and will continue to provide primary services.

Completed by Mitchell, John PsyD/Chief Psychologist on 06/14/2016 09:27

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/02/2016 14:00	Provider:	Mitchell, John PsyD/Chief
		Unit Team:	CHALLENGEIIA

Focus of Session

Pinson was seen cellside during my SHU rounds on this date.

Discussed her feelings of hopelessness if she has to transfer. I challenged her cognitive distortions and pointed out treatment options she has not exhausted. She remained entrenched in a hopeless stance.

Subjective/Objective Presentation

No threats or statements of self-harm. Some cognitive flexibility when challenged but resorts back to a stance of hopelessness.

Intervention(s)

Communicated with primary psychologist and SIA that if Pinson has to be transferred, this news should come from Dr. Handel so we can assess suicide intent upon this news.

Progress/Plan

Will continue to receive treatment as Care3 MH inmate.

Completed by Mitchell, John PsyD/Chief Psychologist on 06/14/2016 09:24

Bureau of Prisons
Psychology Services
Institution Disciplinary Process Report

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	06/02/2016 13:52	Provider:	Mitchell, John PsyD/Chief
		Unit Team:	CHALLENGER

Reason for Referral and Identifying Information

Pinson received a 228 incident report on 5/25/16 for self-mutilation. This IR was written after Pinson engaged in serious cutting and overdose behaviors and was subsequently sent to the outside community hospital for treatment.

Background Information

Inmate has a long history of acts and threats of self-harm, impulsive behavior, and disruptive behavior when she feels that she is not being "heard" or respected. She has a history of Borderline Personality Disorder, severe.

Clinical Interview and Mental Status Exam

Pinson was evaluated on 5/25/16 by this clinician.

Clinical Impression

Self-mutilation was due to emotional distress and mental health symptoms.

Findings

Pinson expressed suicide intent behind her actions of self-mutilation and overdose. She was assessed to be in need of suicide watch placement upon completion of medical evaluation/treatment.

Recommendations Regarding Sanctions

Pinson should be considered NOT RESPONSIBLE for the 228 incident report of Self-mutilation on 5/25/16. This report will be forwarded to the Lt., Unit Team, and DHO.

Completed by Mitchell, John PsyD/Chief Psychologist on 06/02/2016 13:58

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/31/2016 12:36	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Focus of Session

Inmate was seen for her Care 3 contact. She was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson reported, "I am a combination between rage, wrecklessness, and carelessness." She described that she wants staff to take her seriously. She talked about recently being placed on suicide watch and the events leading up to her resorting to self-injurious behavior. We reviewed impulse control and DBT skills. Pinson indicated that she again wanted "staff to take her seriously." Provided cognitive reframing and identification of cognitive errors with her.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was irritable with congruent affect. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Medication (Klonopin) was increased due to recent situational stressors. She requested Ativan to aid with the recent increase in stress (psychiatric referral)

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 06/01/2016 15:26

Bureau of Prisons
Psychology Services
General Administrative Note

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/31/2016 11:36	Unit Team:	CHALLENGER
		Provider:	Mitchell, John PsyD/Chief

Comments

Inmate Pinson was reviewed on this date by the PREA review committee to review the inmate's placement and programming assignments. There were no concerns raised by the Unit Manager, Health Services, or Psychology Services with regard to this inmate's current placement and programming assignments. There were no concerns communicated about this inmate reporting concerns for her personal safety with regard to her current housing, work, and programming assignments.

It was noted that Pinson is a Care3-MH inmate and is currently under SIS investigation, which is why she is housed in SHU at this time.

Completed by Mitchell, John PsyD/Chief Psychologist on 05/31/2016 11:38

Bureau of Prisons
Psychology Services
Post Suicide Watch Report

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/27/2016 09:17	Unit Team:	CHALLENGE
		Provider:	Mitchell, John PsyD/Chief Psychologist

Watch Start Date: 05/25/2016 21:35 **Watch Stop Date:** 05/27/2016 08:45

Total Time on Watch: 35 hrs 10 minutes

Watch Conducted By: Both inmates and staff

Transferred to Medical Center: No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Risk Factors Assessed:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Sleep problems, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, Social support in the institution, Supportive family relationships, Willingness to engage in treatment

Pinson stated that her self-mutilation and ingestion on 5/25/16 were emotional reactions to stressors imposed by staff. We reviewed coping strategies and skills, emphasizing how she will not be able to control individuals and their interactions with her, but that she can exert control over the cognitive and emotional reactions she has to those interactions. We also discussed her medication regimen and consultation to the psychiatrist for additional medication.

Pinson denied any current suicide and self-harm intent/plan. She stated she is ready to return to SHU. She expressed future-oriented thinking with regard to getting to the Stages Program for continued treatment of her mental health issues (if she cannot stay here at ALP).

Changes in Risk Factors Assessed

Improved mood; decreased hopelessness; credible denial of current suicide and self-harm thoughts, plan, and intent.

Reason for Removal from Watch

Improved mental status and increase in protective factors.

Diagnosis:

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

Ex. 2, Attach. A, p. 67

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	[REDACTED]	Sex:	M
		Facility:	ALP
Date:	05/27/2016 09:17	Unit Team:	CHALLENGE
		Provider:	Mitchell, John PsyD/Chief Psychologist

Recommendations

Pinson was placed on suicide watch on 5/25/16 after engaging in multiple self-mutilations (cutting of leg, arm, head) and overdosing on an unknown amount of unknown pills. She was medically evaluated and treated at a community hospital and returned to ALP. Pinson's self-harm behaviors are inherent to her psychological disorder of Borderline Personality. Her mood lability and ineffective coping in the face of emotional distress is likely being exacerbated by her hormone therapy as well.

Over the course of suicide watch Pinson improved in mental status to the point where she is currently stable and credibly denying any suicide/self-harm intent. She was able to talk about coping strategies and is invested in pursuing possible additional psychotropic medications, while also expressing future-oriented thinking and goals. Pinson was discontinued from suicide watch and will return to SHU with her previous cellmate. She should be afforded the normal SHU property accommodations.

Psychology will continue to follow Pinson as a Care3-MH inmate and she will thus be seen weekly and prn upon request/referral. DBT and other cognitive-behavioral interventions should continue with her. Pinson has been referred to the psychiatrist for evaluation of additional psychotropic medication.

Completed by Mitchell, John PsyD/Chief Psychologist on 05/27/2016 09:36

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/26/2016 14:29	Unit Team:	CHALLENGE
		Provider:	Mitchell, John PsyD/Chief

Observations

PINSON was seen in the suicide watch area; the log book was reviewed.

Changes Since Last Contact

Pinson reportedly returned from the community hospital last evening. She related the medical treatment she received while there. We processed the various thoughts and feelings that fueled her self-harm yesterday. Provided cognitive reframing and identification of cognitive errors with her.

Comments

Will change to inmate companions and she was informed of this. She inquired about returning to SHU tomorrow and I advised I would meet with her in the morning to discuss. She appeared more calm and stable, less hopeless, denied any further intent to self-harm at this time and denied suicide intent.

Recommendations

PINSON will remain on watch; a psychologist will re-evaluate tomorrow.

Completed by Mitchell, John PsyD/Chief Psychologist on 05/26/2016 14:32

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP Unit Team: CHALLENGIA
Date: 05/25/2016 13:41	Provider: Mitchell, John PsyD/Chief Psychologist

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

DESCRIPTION OF SUICIDE RELATED BEHAVIORS

The inmate engaged in a Suicide Attempt with Injuries, a nonfatal, self-inflicted, injurious behavior with at least some intent to die as a result of the behavior, which resulted in non-fatal injury.

The lethality of this behavior was assessed to be High.

Method of self harm or suicide attempt: Other Both cutting and ingestion

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Staff Interviews

Reason for Referral

On 05/25/2016 at approximately 1200 pm I was informed by Lt. Klinefelter that inmate PINSON had cut herself and was observed by SHU staff to be bleeding. I evaluated the inmate in the Urgent Care room of Health Services at approximately 1235 pm on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Previous evaluations have found her incidents of self-harm to include motivations of releasing her frustrations/distress and other incidents in which self-harm seemed to be in pursuit of specific goals.

Current Problem

Pinson reported that she had morning encounters with various staff in which she feels like she was demeaned and given the message that her life does not matter. As a result, she indicated that she began feeling angry, rejected, and helpless and began thinking, "well, fine then, my life isn't important so I might as well get it over with" and then decided to try and end her life. Pinson reported she cut on her arm and leg in attempts to find major arteries. She also reported she swallowed approximately 60 pills of unknown nature/name, saying that they were "whatever I could find and fish off the range." Pinson also reported she placed a paper clip and razor blades in her scrotum in an attempt to cause a major bleeding out. Finally, she stated that she swallowed several pieces of plastic in the hope that these pieces would rupture her intestines and cause her to die.

Pinson talked about feeling tired of living and tired "of all the bullshit...no matter where I go, it's never better, they always say I'll do better at a new place but it's always the same shit I have to deal with...people don't care about me and they don't care whether I live or die." She indicated that she sees no hope in things ever getting better and that this hopelessness would persist. Of note, Pinson stated that she would continue to try and end her life, even if the pending medical treatments she was about to receive end up effectively treating her.

Current Mental Status

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064
 Date of Birth: [REDACTED] Sex: M Facility: ALP Unit Team: CHALLENGIA
 Date: 05/25/2016 13:41 Provider: Mitchell, John PsyD/Chief Psychologist

Level of Consciousness: Alert and Oriented
 Psychomotor Activity: Normal
 General Appearance: Unkempt/disheveled
 Behavior: Cooperative
 Mood: Sad/depressed
 Thought Process: Preoccupied
 Thought Content: Abnormal

Pinson did not exhibit signs of psychosis. Prominent signs of depression and hopelessness were present, including sad and depressed mood, tearfulness, pessimism for her future, and worthlessness toward herself and her life.

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Current suicidal ideation, Current suicidal intention, Current suicidal plan, Feeling hopeless/helpless, Feeling like a burden to others, Sleep problems, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Adequate problem solving skills, Social support in the institution, Supportive family relationships, Willingness to engage in treatment

Pinson verbalized strong and intense suicidal thoughts and intent. She made it clear that her self-injury and overdose represented her effort to end her life.

DIAGNOSIS:

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: High
 Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Pinson required urgent medical intervention and will thus be transported to a community hospital. Upon return from the hospital she should be placed in suicide watch. Staff observers should initially be used for this watch given Pinson's expressed intent to continue efforts to end her life. If she stabilizes in mood, hopefulness, and suicide intent, then consideration can be given to changing to inmate companions pending the Warden's approval. Psychology will follow-up with Pinson daily while she is on watch and at least weekly afterwards given her Care3-MH status. Immediate interventions should focus on increasing hopefulness, resilience, and safety plans; continuing interventions will focus on coping skills in relation to uncomfortable feeling states and distressing interactions with others, and emotional self-regulation skills.

Suicide Watch: A suicide watch is to be initiated immediately

Completed by Mitchell, John PsyD/Chief Psychologist on 05/25/2016 14:16

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGER
Date: 05/24/2016 10:24	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for a Care 3 contact in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson stated she was "preparing for war." She reported staff have been "rude and dismissive." She added, "Staff are not happy that I am getting people's DHO hearings reversed and I am putting paper on them." She reported that the increase in Klonopin has been helping but still feels "edgey." Pinson indicated that the SHU receives medication at 5 am versus 10 am and 4 pm versus 730 or 830 pm and the medication wears off. She requested to possibly get Ativan in the am. This writer explained that this would need to be approved and discussed with the psychiatrist. Discussed the Transgender Law Center working to identify transgender conforming prison housing. Reviewed existing DBT skills and discussed impulsivity triggers.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was irritable with congruent affect. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

MSE and active listening

Reinforced the use of previously learned DBT skills

Medication (Klonopin) was increased due to recent situational stressors. She requested Ativan to aid with the recent increase in stress (psychiatric referral)

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 06/01/2016 08:25

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: ALP
 Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
 Unit Team: CHALLENGEIIA

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:
 Staff Interviews, Sentry, Psychology Data System, Presentence Report, Medical Record, Clinical Interview

Reason for Referral

On 05/19/2016 at approximately 1:55 PM I was contacted by Lt. Klinefelter, who indicated that PINSON was potentially suicidal. I evaluated the inmate at approximately 2:10 PM on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. Prior records indicate her behavior has been driven by her attempts to control the conditions of her confinement; although she admits this to be true during some instances, there have been notable situations in which self harm was utilized as a means of releasing her frustrations. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Inmate PINSON has a history of engaging in parasuicidal behaviors including, cutting her wrists, attempting to overdose and hang self, head banging, swallowing razors, and rupturing blood vessels in his nose to cause herself to bleed (she has been known to add red Kool-aid in an attempt to make the blood loss appear significant). Although prior records have indicated that "she engages in these behaviors for secondary gain or when her demands are not met to her satisfaction," this writer is her primary therapist and it has been found that although she acknowledged that she sometimes utilizes self-harm as a means of altering the conditions of her environment it is important to note that self harm has also been utilized to "relieve" frustration. There is no known genuine suicide attempt.

Current Problem

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She indicated that she is no longer going to tell staff if she has urges to cut or other self-injurious behaviors because she is "pissed."

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Agitated

Mood: Irritable

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of inpatient psychiatric treatment, History of childhood abuse (physical or sexual), History of violent behavior, History of self-injury or suicide attempt

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Social isolation, Problem solving deficits, Agitation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Willingness to engage in treatment, View of death as negative, Supportive family relationships, Social support in the institution, Religious beliefs against suicide, Future orientation, Denial of suicidal ideation/intention/plans, Able to identify reasons to live

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She stated, "I am feeling and being dramatic right now but I am pissed." She commented she will take extreme measures if necessary if she has to wait weeks before SIS finishes their investigation.

Pinson endorsed experiencing transient suicidal thoughts but denied any present suicidal thoughts or intent. She specifically stated she did not believe she needed to go on watch. She also added a sarcastic statement, "because then I would just be manipulating staff like the Warden said I was doing."

Inmate Pinson displayed future orientation during the interview: she asked for additional Care 3 incentive items to replace the missing ones and was hopeful that the recent increase in Klonopin will help her cope with her current situational irritability.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. The inmate will continue to be seen weekly for Care3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 05/19/2016 16:13

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: ALP
 Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
 Unit Team: CHALLENGEIIIA

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Medical Record, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 05/19/2016 at approximately 1:55 PM I was contacted by Lt. Klinefelter, who indicated that PINSON was potentially suicidal. I evaluated the inmate at approximately 2:10 PM on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. Prior records indicate her behavior has been driven by her attempts to control the conditions of her confinement; although she admits this to be true during some instances, there have been notable situations in which self harm was utilized as a means of releasing her frustrations. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Inmate PINSON has a history of engaging in parasuicidal behaviors including, cutting her wrists, attempting to overdose and hang self, head banging, swallowing razors, and rupturing blood vessels in his nose to cause herself to bleed (she has been known to add red Kool-aid in an attempt to make the blood loss appear significant). Although prior records have indicated that "she engages in these behaviors for secondary gain or when her demands are not met to her satisfaction," this writer is her primary therapist and it has been found that although she acknowledged that she sometimes utilizes self-harm as a means of altering the conditions of her environment it is important to note that self harm has also been utilized to "relieve" frustration. There is no known genuine suicide attempt.

Current Problem

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She indicated that she is no longer going to tell staff if she has urges to cut or other self-injurious behaviors.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Agitated

Mood: Irritable

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Problem solving deficits, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She stated, "I am feeling and being dramatic right now but I am pissed."

Pinson endorsed experiencing transient suicidal thoughts but denied any present suicidal thoughts or intent. She specifically stated she did not believe she needed to go on watch. She also added a sarcastic statement, "because then I would just be manipulating staff like the Warden said I was doing."

Inmate Pinson displayed future orientation during the interview: she asked for additional Care 3 incentive items to replace the missing ones and was hopeful that the recent increase in Klonopin will help her cope with her current situational irritability.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. The inmate will continue to be seen weekly for Care 3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 05/19/2016 16:00

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED] Sex: M Facility: ALP
 Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
 Unit Team: CHALLENGEIIA

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Medical Record, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 05/19/2016 at approximately 1:55 PM I was contacted by Lt. Klinefelter, who indicated that PINSON was potentially suicidal. I evaluated the inmate at approximately 2:10 PM on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. Prior records indicate her behavior has been driven by her attempts to control the conditions of her confinement; although she admits this to be true during some instances, there have been notable situations in which self harm was utilized as a means of releasing her frustrations. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Inmate PINSON has a history of engaging in parasuicidal behaviors including, cutting her wrists, attempting to overdose and hang self, head banging, swallowing razors, and rupturing blood vessels in his nose to cause herself to bleed (she has been known to add red Kool-aid in an attempt to make the blood loss appear significant). Although prior records have indicated that "she engages in these behaviors for secondary gain or when her demands are not met to her satisfaction," this writer is her primary therapist and it has been found that although she acknowledged that she sometimes utilizes self-harm as a means of altering the conditions of her environment it is important to note that self harm has also been utilized to "relieve" frustration. There is no known genuine suicide attempt.

Current Problem

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She indicated that she is no longer going to tell staff if she has urges to cut or other self-injurious behaviors.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Agitated

Mood: Irritable

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/19/2016 15:13 Provider: Handel, Alysia Psy.D.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Problem solving deficits, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson reported she was irritable and stressed from the SIS investigation, her earned Care 3 incentives went missing, and the Warden told her that she was manipulating staff. She stated, "I am feeling and being dramatic right now but I am pissed."

Pinson endorsed experiencing transient suicidal thoughts but denied any present suicidal thoughts or intent. She specifically stated she did not believe she needed to go on watch. She also added a sarcastic statement, "because then I would just be manipulating staff like the Warden said I was doing."

Inmate Pinson displayed future orientation during the interview: she asked for additional Care 3 incentive items to replace the missing ones and was hopeful that the recent increase in Klonopin will help her cope with her current situational irritability.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. The inmate will continue to be seen weekly for Care 3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 05/19/2016 16:00

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/19/2016 15:13	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Handel, Alysia Psy.D. on 05/19/2016 16:13.

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED] Sex: M Facility: ALP
Date: 05/18/2016 10:24 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
Unit Team: CHALLENGEIIA

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 05/18/2016 at approximately 10:00 am I was contacted by Inmate Pinson while I was on the SHU range, who indicated that she was having urges to cut herself last night. I evaluated the inmate on this same date.

Mental Health History

Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. Prior records indicate her behavior has been driven by her attempts to control the conditions of her confinement; although she admits this to be true during some instances, there have been notable situations in which self harm was utilized as a means of releasing her frustrations. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Inmate PINSON has a history of engaging in parasuicidal behaviors including, cutting her wrists, attempting to overdose and hang self, head banging, swallowing razors, and rupturing blood vessels in his nose to cause herself to bleed (she has been known to add red Kool-aid in an attempt to make the blood loss appear significant). Although prior records have indicated that "she engages in these behaviors for secondary gain or when her demands are not met to her satisfaction," this writer is her primary therapist and it has been found that although she acknowledged that she sometimes utilizes self-harm as a means of altering the conditions of her environment it is important to note that self harm has also been utilized to "relieve" frustration. There is no known genuine suicide attempt.

Current Problem

Inmate Pinson reported last night she was having thoughts of cutting herself. She gave this writer her razor. She reported, I am stressed from the SIS investigation and having mood swings."

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/18/2016 10:24 Provider: Handel, Alysia Psy.D.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

Of the **DYNAMIC** risk factors assessed, none were found to be present.

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Inmate Pinson reported she had urges to cut herself last night. She indicated that the thoughts have not occurred since then, but that she wanted to get rid of the razor in case the urges returned. Pinson was verbally reinforced for alerting staff before acting on her impulses. Inmate Pinson displayed future orientation during the interview asking for her missing items from her property, Care 3 incentive items, and talking about next week's session.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and noncompliance with treatment interventions. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial Personality Disorder, F60.2*b - Current

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

Suicide watch is not indicated at this time. The inmate will continue to be seen weekly for Care3-MH contacts, with treatment focused on cognitive behavior therapy and dialectical behavior therapy.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 05/18/2016 13:50

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/17/2016 10:45	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Focus of Session

Inmate was seen for a Care 3 contact. She was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson described her mood and "being annoyed." She indicated that she should not have been placed in SHU for reporting what she reported. She then began reciting what the PREA regulations state. She said she was moody and depressed and "hated being in isolation again." She stated that the results of the SIS investigation will "make or break her." She described that she is on an "emotional rollercoaster." She talked about a possible increase in Klonopin to help with the recent increased stress. This writer indicated that the psychiatrist will be consulted regarding this request. Reviewed impulsivity and skills used to refrain from urges to cut. Existing DBT skills reinforced.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was irritable with congruent affect. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building

MSE and active listening

Reinforced the use of previously learned DBT skills

Psychiatrist was contacted for medication increase due to recent situational stressors

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 05/19/2016 10:01

Bureau of Prisons
Psychology Services
Post Suicide Watch Report

SENSITIVE BUT UNCLASSIFIED

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064	
Date of Birth: [REDACTED]	Sex: M	Facility: ALP	Unit Team: CHALLENGER
Date: 05/15/2016 08:44	Provider: Kuczwalski, Waldemar Psy.D.		

Watch Start Date: 05/13/2016 14:00

Watch Stop Date: 05/15/2016 08:32

Total Time on Watch: 42 hrs 32 minutes

Watch Conducted By: Inmate

Transferred to Medical Center: No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Inmate Pinson's mental health status was within normal limits. Inmate Pinson's affect was normal and mood was euthymic. Inmate Pinson denied suicidal and/or homicidal ideation and/or intent. Inmate Pinson denied having hallucinations. There were no clinical indications that inmate Pinson was in danger of self-harm at this time. Inmate Pinson reported that she works closely with her primary psychologist and that she was upset following her placement in SHU due to the fact that her emotions oscillate as a result of hormone therapy. Inmate Pinson stated that she did not talk to this writer yesterday because she was cold and did not want to get out from under the blanket. Inmate Pinson's cellmate was also on suicide watch and overnight they talked to each other and both reported readiness to resume their daily SHU programming. Inmate Pinson stated that she has safety plan in place and that she will follow it should she think of self-harm. She showed this writer scars on her arm from 2006 and stated that she was not suicidal and is not thinking of suicide or self harm but at the time of initial assessment was very upset about being in SHU. Inmate Pinson was future oriented. She inquired about a possibility of stronger medication management. Considering today's presentation, willingness to engage in assessment process, cooperativeness, and future orientation there appeared no reason to continue suicide watch placement. Inmate Pinson was released to resume her daily prison programming.

Risk Factors Assessed:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

Of the **DYNAMIC** risk factors assessed, none were found to be present.

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

On 05/13/2016 at approximately 1:45 pm psychology staff were contacted regarding inmate Pinson as she appeared potentially suicidal. Inmate Pinson reported "extreme inward emotional pain and frustration" and stated that she did not want to live anymore, and that she had urges to cut herself. For her safety inmate Pinson was placed on suicide watch.

A continuation of suicide watch was considered but was deemed unwarranted at this time. Considering today's presentation, willingness to engage in assessment process, cooperativeness, and future orientation there appeared no reason to continue suicide watch placement. Inmate Pinson was released to resume her daily prison programming.

Changes in Risk Factors Assessed

Inmate Pinson's dynamic risk factors have changed considerably to warrant removal from suicide watch. Inmate

Ex. 2, Attach. A, p. 83

Inmate Name:	PINSON, JEREMY VAUGHN	Sex:	M	Facility:	ALP	Reg #:	16267-064
Date of Birth:						Unit Team:	CHALLENGE
Date:	05/15/2016 08:44	Provider:	Kuczwalski, Waldemar Psy.D.				

Pinson's mental health status was within normal limits and she was future oriented. She was seen talking and joking with inmate companion.

Reason for Removal from Watch

Considering today's presentation, willingness to engage in assessment process, cooperativeness, and future orientation there appeared no reason to continue suicide watch placement. Inmate Pinson was released to resume her daily prison programming.

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Present

Recommendations

A continuation of suicide watch was considered but was deemed unwarranted at this time. Inmate Pinson was released to resume her daily prison programming.

Inmate Pinson should be double celled.

Completed by Kuczwalski, Waldemar Psy.D. on 05/15/2016 09:10

Bureau of Prisons
Psychology Services
Suicide Watch Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/14/2016 08:05	Unit Team:	CHALLENGER
		Provider:	Kuczwalski, Waldemar Psy.D.

Observations

When this writer arrived to suicide watch room inmate Pinson was laying on the bed. Inmate Pinson was watched by an inmate companion. Logbook was checked. Inmate Pinson did not come to the door when prompted and stated "I do not want to talk," and "nothing has changed."

Changes Since Last Contact

None. Inmate is uncooperative.

Comments

Inmate was uncooperative with the assessment process at this time.

Recommendations

Inmate Pinson should remain on watch. Psychology will check on inmate daily.

Completed by Kuczwalski, Waldemar Psy.D. on 05/14/2016 08:11

Bureau of Prisons
Psychology Services
SHU Review

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility	ALP
Date:	05/13/2016 15:40	Provider:	Mitchell, John PsyD/Chief
<hr/>			
Placed in SHU:	05/09/2016	Type:	SHU
Status:	ADMIN.DETENTION	Threat to Self:	Low
Basis of Review:	Inmate was interviewed	Adjustment:	Satisfactory, segregation not detrimental
Mental Status:	Significant mental health problems	Threat to Others:	Low

Comments

Care3 MH inmate with significant history of self-mutilation. Currently in SHU due to PREA investigation. Will be seen weekly by CARE3 psychologist.

Completed by Mitchell, John PsyD/Chief Psychologist on 06/28/2016 08:22

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED] Sex: M Facility: ALP
Date: 05/13/2016 14:27 Provider: Handel, Alysia Psy.D.

Reg #: 16267-064
Unit Team: CHALLENGE

Type of Housing: SHU- Administrative Segregation

Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:

Clinical Interview, Presentence Report, Psychology Data System, Sentry, Staff Interviews

Reason for Referral

On 05/13/2016 at approximately 1:45 pm I was contacted by Dr. Mitchell, who indicated that PINSON was potentially suicidal. I evaluated the inmate in a private office in SHU at approximately 1:55 pm on this same date.

Mental Health History

Inmate PINSON is a 29-year-old, white transgender male, who is currently serving a 240-month sentence for Threats Against the President, False Statement and Threat to Juror. Per previous Suicide Risk Assessments (SRA) she has an extensive mental health history since childhood. Previous diagnoses included Borderline Personality Disorder, Schizoaffective Disorder, and Antisocial Personality Disorder with Borderline traits.

Inmate Pinson has reported a history of depression, anger problems, auditory and visual hallucinations. Her current diagnoses include Gender Dysphoria, Antisocial Personality Disorder, and Unspecified Anxiety Disorder. Prior records indicate her behavior has been driven by her attempts to control the conditions of her confinement; although she admits this to be true during some instances, there have been notable situations in which self harm was utilized as a means of releasing her frustrations. She is currently assigned as a MHCL-3 inmate.

Self-Harm History

Inmate PINSON has a history of engaging in parasuicidal behaviors including, cutting her wrists, attempting to overdose and hang self, head banging, swallowing razors, and rupturing blood vessels in his nose to cause herself to bleed (she has been known to add red Kool-aid in an attempt to make the blood loss appear significant). Although prior records have indicated that "she engages in these behaviors for secondary gain or when her demands are not met to her satisfaction," this writer is her primary therapist and it has been found that although she acknowledged that she sometimes utilizes self-harm as a means of altering the conditions of her environment it is important to note that self harm has also been utilized to "relieve" frustration. There is no known genuine suicide attempt.

Current Problem

Inmate Pinson reported "extreme inward emotional pain and frustration" and stated that she doesn't want to live anymore. She added that she had urges to cut since being placed back in the SHU. She stated that she hated being "placed back in a box."

She was reminded that the PREA allegations she reported needed to be investigated by SIS. This was the reason why she was placed in SHU.

Inmate Pinson also noted she has missed her last two meals and plans to not eat and go on a hunger strike. Health Services were notified of the potential for a hunger strike.

Current Mental Status

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/13/2016 14:27 Provider: Handel, Alysia Psy.D.

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Irritable

Thought Process: Goal Directed

Thought Content: Normal

Inmate Pinson was tearful throughout the interview. She expressed frustration and irritability with being placed back in the SHU.

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: History of childhood abuse (physical or sexual), History of inpatient psychiatric treatment, History of self-injury or suicide attempt, History of violent behavior

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Agitation, Current suicidal ideation, Current suicidal intention, Current suicidal plan, Feeling hopeless/helpless, Problem solving deficits, Social isolation

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Future orientation, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

Inmate PINSON stated that she is struggling with her current housing placement (SHU). She was removed from the compound earlier this week for safety concerns after she reported a PREA allegation to SIS. Today she reported "extreme inward emotional pain and frustration" and stated that she doesn't want to live anymore. She added that she had urges to cut herself.

Records have indicated that when Inmate PINSON sits idle, there is an increase in self-injury, problem solving deficits, and non-compliance with treatment interventions.

Throughout the session inmate PINSON discussed missing future meals and going on a hunger strike. Although inmate PINSON is motivated for treatment, at this time she has not been active in utilizing her skills. This writer and inmate PINSON discussed the importance of coping, especially during difficult situations.

DIAGNOSIS:

Antisocial personality disorder, 301.7 - Resolved

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Moderate

Overall Chronic Suicide Risk for this Inmate is: Present

RECOMMENDATIONS

A formal suicide watch was initiated for Inmate Pinson. The Warden approved the use of inmate suicide watch companions.

Pinson is authorized the following items as conditions of suicide watch:

-mattress

-safety smock

-safety blanket

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED] Sex: M Facility: ALP

Unit Team: CHALLENGER

Date: 05/13/2016 14:27 Provider: Handel, Alysia Psy.D.

A psychologist will evaluate Pinson daily while she remains on suicide watch.

Suicide Watch: A suicide watch is not warranted at this time

Completed by Handel, Alysia Psy.D. on 05/13/2016 15:24

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention (V)

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGIA
Date: 05/09/2016 15:19	Provider: Mitchell, John PsyD/Chief	

Comments

Psychology was notified on 05/09/2016 at approximately 1445 by SIA Heath that PINSON had reported allegations related to PREA.

The inmate was interviewed in a private office by this writer. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the following allegations:

-in the past week, another inmate has verbally propositioned Pinson and Pinson's cellmate and this inmate allegedly made suggestions to Pinson that he would "pimp me (Pinson) and my cellmate out for ten books of stamps." Pinson guessed that this first occurred around last Thursday or Friday (5/6/16 or 5/7/16).

-Pinson stated that her cellmate sent an email to OIG relating these allegations because Pinson wanted to ensure that "my promise to SIS, the warden, and Dr. Handel was to handle things the right way and I was making sure I tried that."

-Pinson denied that this other inmate ever physically touched Pinson in a physical or sexual manner.

-Pinson stated that she did not fear for her safety at this time as she reported that she "set things straight with the guy about coming to me with such a proposition...I was so mad and furious and I let the guy know that in no way would he ever be pimping me or my cellmate out."

-Pinson reported that the inmate that allegedly offered to pimp Pinson and her cellmate out then, at a later date, interacted with Pinson in a conciliatory way and "fist-bumped" with Pinson to ensure that "we were cool." Pinson remarked, "I let him know we were cool."

Pinson was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology was already in communication with SIS about these allegations. Medical evaluation was not warranted given that the allegation centers around sexual harassment.

Psychology will follow-up through individual contacts with Pinson, as she is a Care3-MH inmate who is seen weekly. Consultation with SIS Lt. Valencik indicated that Pinson will have to be housed in SHU for the time being until SIS can more extensively assess the inmate's safety with being in open population. A copy of this report will be sent to the Warden, Captain, Operations Lt., SIA, and the PREA Compliance Manager.

Completed by Mitchell, John PsyD/Chief Psychologist on 05/10/2016 11:02

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: CHALLENGER
Date: 05/09/2016 13:27	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for a Care 3 contact.

Subjective/Objective Presentation

Inmate Pinson reported "had a good week last week." She indicated she enjoys working in the kitchen, but was upset at her recent pay due to her FRP status. She stated it was being worked on and hopes to receive the full amount of pay that was promised to her once the issue is straightened out. I asked her thoughts about still going to the Pre-Stages program at Terre Haute; the coordinator recently reached out to this writer about the referral packet. Inmate Pinson reported she did not think that she could still go since she was still max custody. I explained to her that I would discuss her recent progress with the coordinator and would decide what the next step would be. She indicated that "she likes this yard and wanted to enter the Challenge Program, but would like to see what Terre Haute says." We reviewed existing DBT and coping skills in session.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the compound. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building, MSE, and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 05/09/2016 14:27

Bureau of Prisons
Psychology Services
STAGES - Administrative Note

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/09/2016 12:56	Provider:	Schmitt, Ericka PsyD
		Unit Team:	CHALLENGE

Comments

On 4/11/16 this writer was contacted to review appropriateness for Inmate PINSON to be considered for Pre-STAGES programming. This writer informed ALP staff about the Pre-STAGES referral process and it was explained that the referral would be reviewed by the STAGES Team and Executive Staff at THA. They were told that they would be notified of the outcome of the referral in the next several weeks.

This writer consulted with the Chief Psychologist, THA Warden, THA Associate Wardens, Unit Team, SIS and Medical Services on 4/22/16 and 5/6/16 and with the STAGES Team and Chief Psychologist on 4/15/16, 4/22/16, 4/29/16 and 5/6/16 regarding the referral.

On today's date (5/9/16) STAGES Staff consulted with ALP staff regarding inmate PINSON's overall adjustment, current mental health presentation and programming options at ALP. STAGES Staff was informed he was on the waitlist to begin Challenge and is currently housed in GP. It was determined that inmate has shown appropriate adjustment to ALP, in contrast to prior designations, and given his current motivation to program in Challenge he would not be referred to begin the pre-STAGES DBT Informed Treatment at this time.

Completed by Schmitt, Ericka PsyD on 05/10/2016 13:12

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	05/02/2016 12:53	Provider:	Handel, Alysia Psy.D.
		Unit Team:	CHALLENGER

Focus of Session

Inmate was seen for a Care 3 contact.

Subjective/Objective Presentation

Inmate Pinson reported that her adjustment to the compound has been "going great." She reported that she has a job in the kitchen washing pots and pans. She said it was hard work but that her shift is only works 3 hours a day. Inmate Pinson continues to work on her legal work to stay busy and focused. We reviewed existing DBT and coping skills.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the compound. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information to help creating her active treatment plan

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 05/02/2016 15:35

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: II
Date: 04/25/2016 12:59	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for a Care 3 contact.

Subjective/Objective Presentation

Inmate Pinson continues to adjust to the compound. She has been looking for a job and is hoping to not get assigned to the kitchen versus getting a job in the unit since there will be less of a crowd. We talked about her Cymbalta and her ability to have it changed to self-carry. She reported she would not and does not have a history of abusing her medications. She acknowledged the importance of taking her medications as they are prescribed. This writer confirmed her mentor assignment today. She was happy and reported, "I talk to him everyday anyway." Continued to reinforce her existing coping and reviewed DBT skills.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the recent release from the SHU. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information to help creating her active treatment plan

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 04/25/2016 14:56

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: II
Date: 04/21/2016 13:52	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for a Care 3 contact.

Subjective/Objective Presentation

Inmate Pinson continues to adjust to the compound after recently being released from the SHU. She has been housed in the ADX for years, followed by living in the SHU, so she is adjusting to living in an open space versus being "locked down." She reported that she is going to the yard to exercise, cooking her own food, and socializing in the unit. She indicated that her trial maybe beginning on June 1st, which is something she has been working toward and has kept her focused. She reported her mother plans to visit in the next 6 months from Oklahoma and is excited to finally have a visit after many years of not seeing her mother. Inmate Pinson talked about the difference in the BOP over the years regarding the acceptance of transgendered inmates, and she was surprised with the overall acceptance of her by other inmates and staff on the compound. Reviewed existing coping skills.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the recent release from the SHU. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information to help creating her active treatment plan

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 04/22/2016 11:18

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 04/19/2016 14:07	Provider: Ennis, L. PsyD	Unit Team: I

Comments

At approximately 8:10 AM, SIS asked for clarification about the location of the reported incident that was outlined in a Sexual Abuse Intervention note on 4/18/2016. At approximately 10:30 AM, this clinician met with PINSON to ask the location at which time PINSON elaborated on the events that allegedly occurred yesterday. More details were reported by PINSON pertaining to yesterday's events thus a new note was written by this clinician.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the following allegations:

PINSON #16267-064 provided more details on his interactions with [REDACTED] on 4/18/2016. PINSON reported [REDACTED] came into his cell (B01-118) early in the morning on 4/18/2016 at which point PINSON asked him if he had propositioned his cellmate [REDACTED] for oral sex. [REDACTED] acknowledged asking [REDACTED] for oral sex and then said "I like to get my dick sucked" PINSON asked him if he was trying to proposition him at which point [REDACTED] said "take it whichever way you want to". PINSON indicated he denied his advances.

PINSON reported that at approximately 10:30 AM he and [REDACTED] were returning from pill line and walking across the compound between Corridor 1 and Unit 3. [REDACTED] approached them and placed his arm around [REDACTED]. He then allegedly attempted to kiss [REDACTED]. PINSON reported [REDACTED] removed [REDACTED] arm from around him. [REDACTED] then allegedly told PINSON and [REDACTED] "both of you all can get it then." PINSON believes [REDACTED] was conveying a threat to physically harm them.

At approximately 10:30 AM, PINSON, [REDACTED], and [REDACTED] had an argument in cell B02-228 belonging to [REDACTED] whom was present. At this time, PINSON admitted putting on boots prior to going to this cell as he expected an altercation to occur. PINSON reported [REDACTED] propositioned [REDACTED] for oral sex. He said [REDACTED] refused his proposal and asked him to leave him alone. He reported no physical altercation occurred.

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., PREA Compliance Manager

Psychology will follow-up through weekly Care3-MH contacts and as needed. She is aware of the procedures for contacting psychology services if necessary.

Completed by Ennis, L. PsyD on 04/19/2016 15:22

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	04/18/2016 15:47	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Comments

Psychology was notified on 04/18/2016 at approximately 2:50 PM that PINSON needed to be interviewed by Psychology Services related to a PREA incident that occurred on the unit. Inmate Pinson was interviewed at approximately 3:25 PM on today's date.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the following: "I was defending my cellie. Inmate ██████████ wrapped his arm around my cellie and tried to kiss him. The video will show this. Nothing happened to me, but I did send an e-mail to Correctional Services reporting what Inmate ██████████ did to my cellie."

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., PREA Compliance Manager

Psychology will follow-up through Psychology will follow-up through weekly Care 3 contacts and with SIS.

Completed by Handel, Alysia Psy.D. on 04/18/2016 17:01

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	04/18/2016 15:47	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Comments

Psychology was notified on 04/18/2016 at approximately 2:50 PM that PINSON needed to be interviewed by Psychology Services related to a PREA incident that occurred on the unit.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the inmate was defending my cellie. Inmate ██████████ wrapped his arm around my cellie and tried to kiss him. The inmate saw this. Nothing happened to me, but I did send an e-mail to Correctional Services reporting what Inmate ██████████ told me to my cellie."

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., PREA Compliance Manager

Psychology will follow-up through Psychology will follow-up through weekly Care 3 contacts and with SIS.

Completed by Handel, Alysia Psy.D. on 04/18/2016 16:48

Bureau of Prisons
Psychology Services
Sexual Abuse Intervention

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: I
Date: 04/18/2016 15:47	Provider: Handel, Alysia Psy.D.	

Comments

Psychology was notified on 04/18/2016 at approximately 2:50 PM that PINSON needed to be interviewed by Psychology Services related to a PREA incident that occurred on the unit.

The inmate was interviewed in a private office. She was advised on the purpose of the interview and the PREA policies that were associated with the interview. Limits of confidentiality were also reviewed.

The inmate reported the [REDACTED] was defending my cellie. Inmate [REDACTED] wrapped his arm around my cellie and tried to kiss him. The [REDACTED] saw this. Nothing happened to me, but I did send an e-mail to Correctional Services reporting what Inmate [REDACTED] did to my cellie."

The inmate was offered access to a victim advocate from the local community. She declined information and services from this victim advocate.

Psychology contacted the following staff per PREA guidelines: SIS/SIA, Health Services, Operations Lt., PREA Compliance Manager

Psychology will follow-up through Psychology will follow-up through weekly Care 3 contacts and with SIS.

Completed by Handel, Alysia Psy.D. on 04/18/2016 16:48

Bureau of Prisons
Health Services
See Amendment

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 04/18/2016 15:47

Sex: M

Reg #: 16267-064
Race: WHITE
Facility: ALP

Amendment made to this note by Handel, Alysia Psy.D. on 04/18/2016 17:01.

Bureau of Prisons
Psychology Services
Challenge - Screening Summary

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	04/14/2016 14:02	Unit Team:	I
		Provider:	Kile, Paul E Specialty

Comments

Pinson was interviewed today for participation in the Challenge Program. He meets the requirements for participation and has signed all the necessary documents. His status will be updated in sentry to CHG WAIT.

Completed by Kile, Paul E Specialty Treatment Specialist on 04/14/2016 14:03

Reviewed by Morris, Kathryn PsyD on 04/14/2016 14:22

Bureau of Prisons
Psychology Services
Clinical Intervention - Individual Therapy

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	04/13/2016 09:08	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Focus of Session

Inmate was seen for a Care 3 contact in a private office in the SHU.

Subjective/Objective Presentation

The session ended abruptly since Inmate Pinson appeared groggy and admitted to "feeling faint. Health Services was contacted for an assessment.

Intervention(s)

MSE, active listening

Progress/Plan

Inmate will be followed up for her Care 3 appointment tomorrow. It was recommended for Inmate Pinson to head back to her cell for some rest.

Completed by Handel, Alysia Psy.D. on 04/13/2016 14:50

Bureau of Prisons
Psychology Services
Diagnostic and Care Level Formulation

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	04/11/2016 13:45	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Presenting Problem/Symptom

Inmate Pinson was seen for a 1:1 session today. She has an extensive mental health history and displays symptoms of Borderline Personality Disorder.

Diagnostic Formulation

Inmate PINSON presents with symptoms consistent with borderline personality disorder to include:

Inmate PINSON presents with an identify disturbance that is characterized by a markedly and persistent unstable self image and sense of self. Inmate Pinson struggles to identify, create, and maintain healthy boundaries between herself and others. When Pinson grows frustrated, she threatens to sue staff and engage in self-harming behaviors. Inmate PINSON presents with a pattern of impulsivity and risk-taking in his behavior. Inmate PINSON presents with affect instability. She will maintain for periods where she can effectively cope with her emotions. Having a positive cellmate has been helping her to stabilize her emotions and affect. When emotionally escalated, she presents with concrete, black and white thinking, followed by perseveration, and then engages in self-harm behaviors. She reported, "I cut and hurt myself inward versus outward now." Inmate PINSON has an extensive history of suicidal ideation, and lethal self-harm behaviors including cutting and ingestion. In between periods of incarceration, inmate PINSON struggled with suicidal ideation and self-harm which resulted in hospitalization. Pinson is currently caring for a wound from a recent surgery after swallowing parts of her eyeglasses. Inmate Pinson has a history of inappropriate, intense anger or difficulty controlling her anger.

Care Level Formulation

Inmate PINSON currently meets criteria for Care 3-MH, requiring enhanced outpatient mental health care (weekly treatment). She is also prescribed an antipsychotic medication. She will retain her CMA of PSY ALERT at this time.

Completed by Handel, Alysia Psy.D. on 04/13/2016 14:31

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: I
Date: 04/05/2016 10:32	Provider: Handel, Alysia Psy.D.	

Focus of Session

Inmate was seen for Care 3 contact. Inmate was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson indicated having a positive cell mate has been the best protective factor for avoiding self-injurious behavior to date. She continues to report mood swings from switching to new estrogen medication. Overall, she has been dealing with the mood swings with staying focused on legal work and going to rec. She continues to feel stressed with the lack of understanding custody has with her transgender status, and noted she has dealt with this at other institutions. Her utilization of coping skills in the SHU were reinforced and supported by this writer.

During the clinical contact, Inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the recent transfer. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information to help creating her active treatment plan

Tele-psychiatry appointment held and medication renewed

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 04/08/2016 13:43

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/25/2016 10:00	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Focus of Session

N/A

Subjective/Objective Presentation

N/A

Intervention(s)

N/A

Progress/Plan

Inmate PINSON will not be seen for a weekly Care3-MH contact next week because this clinician is away from the institution. He is aware of this and stated that, if needed, he would request psychology contact.

Completed by Handel, Alysia Psy.D. on 03/25/2016 10:01

Bureau of Prisons
Psychology Services
Medication Evaluation

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/24/2016 13:42	Unit Team:	I
		Provider:	Mitchell, John PsyD/Chief

Comments

Pinson was seen in Telepsychiatry Clinic on this date with Dr. Sharretts, Psychiatrist. Klonopin was re-initiated.

Completed by Mitchell, John PsyD/Chief Psychologist on 03/24/2016 13:44

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/22/2016 09:23	Provider: Handel, Alysia Psy.D.	Unit Team: I

Focus of Session

Inmate was seen for a Care 3 contact. He was seen in a private office in the SHU.

Subjective/Objective Presentation

Inmate Pinson reported feelings of relief with having her current cell mate. She indicated having a positive cell mate is the best protective factor for avoiding self-injurious behavior. She added having a good cell mate "allows her mind from running into scary, dark, places." She stated she has been working on legal cases, going to the rec yard, and journaling to remain focused. Her utilization of coping skills in the SHU were reinforced and supported by this writer.

Inmate Pinson continues to ask for her "appropriate undergarments" and stated she doesn't want to have to "write people up if something isn't fixed soon." R&D was notified of her recent request. She stated she saw Health Services and is being placed on new medications for hormone therapy. She indicated some of the possible side effects as mood swings and irritability. Inmate Pinson was scheduled for a tele-psychiatry consult this week regarding psychiatric medication regimen that she was on before her transfer. Supportive therapy was given for her issues as she continues to adjust to ALP.

During the clinical contact, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and continues to adjust to the recent transfer. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information

Tele-psychiatry appointment was scheduled for this week

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 03/24/2016 13:00

Bureau of Prisons
Psychology Services
SHU Review

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN			Reg #:	16267-064
Date of Birth:	██████████	Sex:	M	Facility	ALP
Date:	03/18/2016 09:20	Provider:	Handel, Alysia Psy.D.		
Placed in SHU:	03/14/2016	Type:	SHU		
Status:	ADMIN.DETENTION	Threat to Self:	Low		
Basis of Review:	Inmate was interviewed		Adjustment:	Satisfactory, segregation not detrimental	
Mental Status:	No significant mental health issues.		Threat to Others:	Low	

Comments

The inmate has reported no mental health concerns and SHU staff have reported no observed mental health problems or issues with this inmate. Continue to see through 30-day SHU Review process or individually upon request/referral.

Inmate Pinson is a MHCL-3 inmate. She reported she received her hygiene incentives and reading/journaling materials and was doing well.

Completed by Handel, Alysia Psy.D. on 03/18/2016 11:08

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/15/2016 13:14	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Focus of Session

Inmate was seen for a Care 3 contact.

Subjective/Objective Presentation

Inmate Pinson began session sharing paperwork she filled out requesting a threat assessment to become a verified PC at ALP to get transferred to a yard she can program. She reported she no longer feels safe to walk the compound, further explaining that the Texas Syndicate and Texas Aryan Brotherhood were active on this yard. She initially reported she felt safe, but she is now refusing to go to the compound.

Inmate Pinson reported wanting her property, mainly her female undergarments. Medical was informed of her requests regarding medication and wound care. Inmate Pinson discussed her adjustment to SHU and reported since switching ranges, "doing time back here seems doable." Her outlook on her situation was more positive than when she first arrived. Coping skills were reinforced and discussed. Legal work was reported as being another positive outlet to stay focused in the SHU.

During the clinical contact, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was calm with congruent affect. Inmate was cooperative and seemed to be adjusting better to the recent transfer. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

Rapport building and gathering information

MSE and active listening

Reinforced the use of previously learned DBT skills

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 03/17/2016 12:23

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/11/2016 10:21	Provider: Handel, Alysia Psy.D.	Unit Team: I

Focus of Session

Inmate was seen after SHU officers reported inmate Pinson requested to speak with Psychology Services. She was seen in a private SHU office.

Subjective/Objective Presentation

Inmate had a host of issues to discuss throughout this initial session. She began the session discussing issues with her mattress. This was followed by several medical requests (i.e. extra wound dressings for her stomach, pain medications for her wound, and to get psychiatric orders reviewed).

Inmate Pinson discussed the need for a cell mate and how "having someone to talk to helps with being isolated in the SHU." BEMR records indicate over the past several months, inmate Pinson has done significantly better psychologically and behaviorally when housed with a cell mate.

Inmate Pinson began talking about her frustrations with FLP "lying to her and letting her think she can walk the yard at ALP." During the initial screening in R&D, Inmate Pinson reported that she was not fearful to walk the yard. She is now reporting she cannot walk the yard because Texas Syndicate and Texas Aryan Brotherhood are active on the compound. SIS has been notified of her concerns.

On a positive note, Inmate Pinson described her rec time today as "being reintroduced to natural things" and feeling "peaceful." She talked about seeing grass, birds, and a worm for the first time in 10 years. She reported, "I love nature. It felt great to see nature again."

During the clinical contact, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was anxious with congruent affect. Inmate was cooperative, but reported frustration and irritability with the recent transfer. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self injurious behavior ideation, intention, or plan.

Intervention(s)

The clinical contact emphasized rapport building and gathering information. More specifically, the contact focused on assessing inmate's current mental status and level of functioning, and determining the need for immediate intervention. The use of previously learned DBT skills was emphasized.

Progress/Plan

Continue to see weekly for Care3-MH contacts and build rapport to have a smooth transition to a new clinician. She was reminded of how to request Psychology Services in both routine and emergent situations. She verbalized understanding.

Completed by Handel, Alysia Psy.D. on 03/14/2016 11:14

Bureau of Prisons
Psychology Services
Transfer Intake Screening

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:47	Provider:	Handel, Alysia Psy.D.
		Unit Team:	I

Date of Intrasystem Transfer: 03/10/2016 Transferred From: FLX--FLORENCE FCC

- | | |
|---|-----|
| 1. Review of Inmate's PSIQ indicates that an in-person interview is clinically indicated? | Yes |
| 2. Review of Inmate's MENTAL HEALTH record indicates that an in-person interview is clinically indicated? | Yes |
| 3. Review of Inmate's SENTRY record indicates that an in-person interview is clinically indicated? | Yes |
| 4. Is there any other information which indicates current need or request for Psychological Services? | Yes |

Summary

Please see Psych Alert contact of this same date.

Completed by Handel, Alysia Psy.D. on 03/11/2016 09:30

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Facility: ALP	Unit Team: I
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because she thought it was funny." She further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of her mother's dogs to death and kicked another dog in the head which lead to the dogs death.

Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate his environment." For example, at age 10 inmate PINSON threatened to "kill herself if mental health staff and her mother set limits on her behavior." During childhood she further "cut her wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in her nostrils to make her nose bleed."

According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting his testicles). It is important to note, several SRAs indicate a tendency to utilizes suicidal ideation/harm as a means of controlling the conditions of his environment. Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

This note was sent to Drs. Mitchell and Lavertue.

Mental Status

During interview she was comfortable, relaxed, and cooperative. She described her current mood as "tired" (from the recent travel), and this appeared accurate. She noted that she no longer "takes her anger out on others but now turns her anger inward on herself." Speech was clear with coherent thought process. She did not appear to be responding to internal stimuli. She was future-oriented and goal-directed. Suicidal ideation was denied. PINSON also denied any thoughts of self-harm or significant distressing emotions.

Current Concerns

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina.

PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), and swallowing objects (such as glass).

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:19	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Comments

PINSON reported that she has refrained from self-harm for several weeks, particularly because she has gained a cellmate and has the social support needed during periods of frustration. A cellmate appears to be a protective factor while she housed in the SHU.

Recommendations

Inmate is cleared for general population per psychology, however she is being placed in the SHU until he can be cleared by custody.

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/11/2016 13:44

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	Unit Team: I

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because he thought it was funny." He further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of his mother's dogs to death and kicked another dog in the head which lead to the dogs death.

Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate his environment." For example, at age 10 inmate PINSON threatened to "kill himself if mental health staff and his mother set limits on his behavior." During childhood he further "cut his wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in his nostrils to make his nose bleed."

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In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting his testicles). It is important to note, several SRAs indicate a tendency to utilizes suicidal ideation/harm as a means of controlling the conditions of his environment. Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

This note was sent to Drs. Mitchell and Lavertue.

Mental Status

During interview she was comfortable, relaxed, and cooperative. She described her current mood as "tired" (from the recent travel), and this appeared accurate. She noted that she no longer "takes her anger out on others but now turns her anger inward on herself." Speech was clear with coherent thought process. She did not appear to be responding to internal stimuli. She was future-oriented and goal-directed. Suicidal ideation was denied. PINSON also denied any thoughts of self-harm or significant distressing emotions.

Current Concerns

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina.

PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), and swallowing objects (such as glass).

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:19	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Comments

PINSON reported that she has refrained from self-harm for several weeks, particularly because she has gained a cellmate and has the social support needed during periods of frustration. A cellmate appears to be a protective factor while she housed in the SHU.

Recommendations

Inmate is cleared for general population per psychology, however she is being placed in the SHU until he can be cleared by custody.

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/10/2016 15:48

See Amendment

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	Unit Team: I

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because he thought it was funny." He further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of his mother's dogs to death and kicked another dog in the head which lead to the dogs death.

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According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting his testicles). It is important to note, several SRAs indicate a tendency to utilizes suicidal ideation/harm as a means of controlling the conditions of his environment. Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

This note was sent to Drs. Mitchell and Lavertue.

Mental Status

During interview she was comfortable, relaxed, and cooperative. She described her current mood as "tired" (from the recent travel), and this appeared accurate. She noted that she no longer "takes her anger out on others but now turns her anger inward on herself." Speech was clear with coherent thought process. She did not appear to be responding to internal stimuli. She was future-oriented and goal-directed. Suicidal ideation was denied. PINSON also denied any thoughts of self-harm or significant distressing emotions.

Current Concerns

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina.

PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), and swallowing objects (such as glass).

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:19	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Comments

PINSON reported that she has refrained from self-harm for several weeks, particularly because she has gained a cellmate and has the social support needed during periods of frustration. A cellmate appears to be a protective factor while she housed in the SHU.

Recommendations

Inmate is cleared for general population per psychology, however she is being placed in the SHU until he can be cleared by custody.

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/10/2016 15:48

See Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/10/2016 15:19	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Handel, Alysia Psy.D. on 03/11/2016 13:44.

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	THP
Date:	03/09/2016 17:44	Provider:	Powderly, James Psy.D.
		Unit Team:	B/C

Focus of Session

Inmate PINSON was seen on 03/09/2016 for a clinical contact while housed in a SHU holding cell.

Subjective/Objective Presentation

During the clinical contact, inmate PINSON presented as alert and oriented to person, place, time, and situation. Mood was euthymic with congruent affect. Inmate was calm, cooperative, and appropriately conversational. Inmate was dressed in appropriate institutional attire and was adequately groomed. Speech was of normal rate/tone/volume and without pressure. Thought processes were logical, coherent, and goal-oriented. Inmate denied suicidal/homicidal/self-injurious behavior ideation, intention, or plan.

Intervention(s)

The clinical contact emphasized rapport building and gathering information. More specifically, the contact focused on assessing inmate's current mental status and level of functioning, and determining the need for immediate intervention. The use of previously learned DBT skills was emphasized.

Progress/Plan

Due to inmate transferring to another BOP facility (ALX) in the near future, and due to inmate's reported and observed lack of psychological distress, follow-up with Psychology Services staff at THP is not clinically indicated.

Completed by Powderly, James Psy.D. on 03/09/2016 17:52

Bureau of Prisons
Psychology Services
SHU Review

SENSITIVE BUT UNCLASSIFIED

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility	FLP
Date:	03/03/2016 15:22	Unit Team:	DBSTAGES1
		Provider:	Moody, Kristen Psy.D.

Placed in SHU:	02/16/2016	Type:	SHU
Status:	ADMIN.DETENTION	Threat to Self:	Low
Basis of Review:	Inmate was interviewed	Adjustment:	Satisfactory, segregation not detrimental
Mental Status:	No significant mental health issues.	Threat to Others:	Low

Comments

Inmate PINSON was briefly interviewed and observed in SHU. Based on this interview, the inmate does not appear to be experiencing significant psychological distress at this time. The inmate reported his current level of adjustment as satisfactory. He denied any intention to harm himself or others. He had no complaints or concerns at this time. He was instructed to contact psychology services if the need arose

Completed by Moody, Kristen Psy.D. on 03/03/2016 15:30

Bureau of Prisons
Psychology Services
Mental Health Transfer Summary

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: FLP
Date: 03/03/2016 09:13	Provider: Seaton, Jessica PhD/Stages	Unit Team: DBSTAGES1

Medical Care Level: CARE2
Mental Health Care Level: CARE3-MH
Psych Alert: Yes

Psychotropic Medications:

Perphenazine 8 MG Tab Exp: 05/11/2016 SIG: ***pill line*** Take one tablet by mouth each evening *Consent form on file *
 pill line
 QUETiapine 100 MG Tab Exp: 07/02/2016 SIG: ***pill line*** ***crush/empty*** Take one tablet by mouth each evening ***pill
 line***
 QUETiapine 200 MG TAB Exp: 05/17/2016 SIG: ***pill line*** Take two tablets (400 MG) by mouth each evening
 crush/empty *Consent form on file * ***pill line***

Has the inmate been prescribed psychotropic medications? Yes

Is there a history of suicide ideation or attempts? Yes

PINSON mainly engages in self-harm due to low distress tolerance and feelings of lack of control; however, she does express transient suicidal ideation during times of distress. For example, "maybe I should just end it all to alleviate all of my frustration and mental suffering." Has had times of imagining how she would commit suicide, but no lethal attempts have been made.

Is there is a history of self-harm? Yes

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina. PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), and swallowing objects (such as glass).

Is the inmate currently confined to a locked unit? Yes

PINSON is currently housed in SHU after she made her nose bleed on the Secure STAGES Unit and made motion to throw the blood on inmates and staff. She is in SHU pending a threat assessment, which found on 11-25-15 that it was unsafe for her to return to the unit. Prior to SHU she was housed in the Secure STAGES Program Unit where she was a Security Level 1, in which she was housed on a locked range and in a secure enclosure anytime there was interaction with staff or inmates. She had progressed to a Security Level 2.5 at one point, where she was able to attend treatment around inmates and staff without the use of restraints. There was no physical threat from PINSON during this time, however, she continued to mentally antagonize other inmates on the unit by encouraging them to engage in threatening behavior with one another, filed false PREA allegations on inmates, gave her medication to other inmates who were not prescribed medication, and used other inmate's e-mail passwords to get into their accounts.

PINSON was accepted into the Secure STAGES Program (a program that progresses inmates out of restrictive housing while providing treatment) as a former ADX inmate who needed to learn DBT skills, but presented with specific security concerns. Prior to the ADX, PINSON was in the SMU Program. Regardless of her placement, PINSON has always been willing to engage in treatment, but is most satisfied when she is able to be out of her cell and interacting with other inmates and staff.

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives). While in treatment, he was secluded twice for "out of control behavior" and "threats to staff." During this period of time, he was diagnosed with depressive disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder. Following a month of treatment he was discharged.

In 2002, inmate PINSON was admitted to Broughton Hospital in North Carolina for self-mutilation. During this incident, inmate PINSON indicated a desire to cut his wrists but due to not having the correct "object" in which to do so, he stuck his "finger in his nose to break blood vessels and then started biting the inside of his cheek with the hope he would lose enough blood to die." Inmate PINSON was discharged after approximately 2 months.

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated

Ex. 2, Attach. A, p. 121

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	FLP
Date:	03/03/2016 09:13	Provider:	Seaton, Jessica PhD/Stages
		Unit Team:	DBSTAGES1

an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because he thought it was funny." He further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of his mother's dogs to death and kicked another dog in the head which lead to the dogs death. Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate his environment." For example, at age 10 inmate PINSON threatened to "kill himself if mental health staff and his mother set limits on his behavior." During childhood he further "cut his wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in his nostrils to make his nose bleed."

In 2006, while housed at Fort Worth Correctional Institution, inmate PINSON took 25 nitroglycerin pills stating "they make the voices go away." However, later he acknowledged taking them because "no one was responding to his requests when he made them." He stated, "I decided I would do something to make them listen to me." According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting his testicles). It is important to note, several SRAs indicate a tendency to utilizes suicidal ideation/harm as a means of controlling the conditions of his environment.

Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

Current Functioning

PINSON is currently functioning well. She is medication compliant and has refrained from self-harm for several weeks, particularly because she has gained a cell-mate and has the social support needed during periods of frustration. She is actively engaged in a weekly DBT therapy group. Thought process is clear and logical. Mood is stable, mild dysphoria at times. Admits transient suicidal ideation, but denies plan or intent. Gender Dysphoria issues are stable at present. She started hormone therapy approximately 2 months ago.

To what type of setting is the inmate transferring? BOP Institution

Type of services recommended:

- Individual Counseling
- Medication Monitoring
- Psychiatry Services
- Skills Training- Group

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Completed by Seaton, Jessica PhD/Stages Program Coordinator on 03/03/2016 09:19

Bureau of Prisons
Psychology Services
Drug Education - Administrative Note

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	FLP
Date:	03/02/2016 10:12	Unit Team:	DBSTAGES1
		Provider:	Tiphareth, Shannan DTS

Comments

Inmate is currently on ED EXEM status because his placement in a Secure Housing Unit precludes his participation in Drug Education.

Completed by Tiphareth, Shannan DTS on 03/02/2016 10:14

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	Unit Team: I

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because she thought it was funny." She further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of her mother's dogs to death and kicked another dog in the head which lead to the dogs death.

Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate his environment." For example, at age 10 inmate PINSON threatened to "kill herself if mental health staff and her mother set limits on her behavior." During childhood she further "cut her wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in her nostrils to make her nose bleed."

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This note was sent to Drs. Mitchell and Lavertue.

Mental Status

During interview she was comfortable, relaxed, and cooperative. She described her current mood as "tired" (from the recent travel), and this appeared accurate. She noted that she no longer "takes her anger out on others but now turns her anger inward on herself." Speech was clear with coherent thought process. She did not appear to be responding to internal stimuli. She was future-oriented and goal-directed. Suicidal ideation was denied. PINSON also denied any thoughts of self-harm or significant distressing emotions.

Current Concerns

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Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:19	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Comments

PINSON reported that she has refrained from self-harm for several weeks, particularly because she has gained a cellmate and has the social support needed during periods of frustration. A cellmate appears to be a protective factor while she housed in the SHU.

Recommendations

Inmate is cleared for general population per psychology, however she is being placed in the SHU until he can be cleared by custody.

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/11/2016 13:44

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	Unit Team: I

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

During a psychological evaluation conducted to determine competency to stand trial (2006). Inmate PINSON indicated an enjoyment in "killing and torturing animals like dogs, cats, birds, and insects because he thought it was funny." He further stated "I always felt I would upgrade to people one of these days." According to the report, inmate PINSON had beat one of his mother's dogs to death and kicked another dog in the head which lead to the dogs death.

Although there is a reported history of auditory and visual hallucinations it is important to note there have been no overt symptoms of psychosis. It was further identified inmate PINSON has a history of feigning medical and mental health problems in an attempt to "manipulate his environment." For example, at age 10 inmate PINSON threatened to "kill himself if mental health staff and his mother set limits on his behavior." During childhood he further "cut his wrist to avoid being moved to a specific cell" and "has a history of sticking objects such as razor blades in his nostrils to make his nose bleed."

According to the forensic evaluation completed while at Fort Worth Correctional Institution, inmate PINSON received a diagnosis of malingering due to the "intentional production of false or grossly exaggerated symptoms, motivated by an external incentive," antisocial personality disorder, and borderline personality traits.

In October 2014, PINSON was sent to SPG from the ADX for diagnostic formulation and treatment. It was there that she began to express gender dysphoria issues. In collaboration with her treating psychologist at SPG and current primary psychologist, PINSON was formally diagnosed on June 02, 2015. Her therapy sessions focus on depressive issues related to Gender Dysphoria, as well as improving DBT skills.

Throughout her incarceration in the Bureau of Prisons, inmate PINSON has regularly received individual counseling and has continued to engage in self-harm (i.e., cutting wrists, swallowing pills, injuring the vessels in his nose, and most recently cutting his testicles). It is important to note, several SRAs indicate a tendency to utilizes suicidal ideation/harm as a means of controlling the conditions of his environment. Diagnoses have included adjustment disorders, depressive disorders, anxiety disorders, and psychotic disorders. The consistent diagnosis is Antisocial Personality Disorder, likely with Borderline Features. Most recently, PINSON was diagnosed with Gender Dysphoria.

This note was sent to Drs. Mitchell and Lavertue.

Mental Status

During interview she was comfortable, relaxed, and cooperative. She described her current mood as "tired" (from the recent travel), and this appeared accurate. She noted that she no longer "takes her anger out on others but now turns her anger inward on herself." Speech was clear with coherent thought process. She did not appear to be responding to internal stimuli. She was future-oriented and goal-directed. Suicidal ideation was denied. PINSON also denied any thoughts of self-harm or significant distressing emotions.

Current Concerns

PINSON engages in self-harm due to poor distress tolerance and perceived lack of control. There have been two occasions where she engaged in genitalia mutilation for which she reported she was distressed over having a penis versus a vagina.

PINSON self-harm behaviors include: cutting, attempted hanging, making her nose bleed to create copious amounts of blood (for reaction of others), and swallowing objects (such as glass).

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Facility: ALP

Unit Team: I

Date: 03/10/2016 15:19

Provider: Handel, Alysia Psy.D.

Comments

PINSON reported that she has refrained from self-harm for several weeks, particularly because she has gained a cellmate and has the social support needed during periods of frustration. A cellmate appears to be a protective factor while she housed in the SHU.

Recommendations

Inmate is cleared for general population per psychology, however she is being placed in the SHU until he can be cleared by custody.

Due to inmate's diagnosis of Gender Dysphoria, both psychology and health services will have to collaborate and work together closely on her treatment plan. Also, continues to struggle with creating and maintaining healthy interpersonal relationships.

Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/10/2016 15:48

See Amendment

Bureau of Prisons
Psychology Services
Psychology Alert Screening

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M	Facility: ALP
Date: 03/10/2016 15:19	Provider: Handel, Alysia Psy.D.	Unit Team: I

Mental Health History

According to the PSR, inmate PINSON has an extensive history of mental illness, beginning at age 10. While at Charter Ridge Behavioral Health System (1996) in Lexington, Kentucky, inmate PINSON was receiving treatment for depression, anger, and auditory and visual hallucinations. During periods of anger, inmate PINSON has been identified of hurting others (people and animals) with objects (knives).

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Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Facility:	ALP
Date:	03/10/2016 15:19	Unit Team:	I
		Provider:	Handel, Alysia Psy.D.

Comments

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Psychology is recommending her to be double celled with an appropriate cellmate.

Completed by Handel, Alysia Psy.D. on 03/10/2016 15:48

See Amendment

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JEREMY PINSON,

Plaintiff

vs.

UNITED STATES, et al

Defendants

CIVIL ACTION NO. 1:17-cv-00584

DECLARATION OF E. STAHL

1. I am employed by the Federal Bureau of Prisons (hereafter "BOP"), as a Physician and the Clinical Director assigned to the Federal Correctional Complex, Allenwood, PA (hereafter "FCC Allenwood"). It is noted that "Stahl" is my married last name; previously it was "Santos". As a part of my duties and responsibilities, I have access to inmates' records and BOP Program Statements. I certify that the Attachments referenced herein are maintained in the ordinary course of business and are true and accurate to the best of my knowledge.

2. I have been a Physician with the BOP since August 2009. I was appointed Clinical Director at FCC Allenwood in August, 2010. As the Clinical Director, I serve as the primary physician for a full scope and range of medical services provided to the inmate population at FCC Allenwood. At any given time there are approximately 3,000 inmates housed at the FCC Allenwood.

3. Additionally, as the Clinical Director, I serve as the clinical supervisor for the Physicians, Physician Assistants, nurses and other clinicians. I oversee all clinical operations for approximately forty health care staff.

4. In addition to my administrative duties as a Clinical Director, I follow my own panel of patients who I see for their Chronic Care Clinic evaluations which involves me personally seeing each inmate approximately every 6-12 months or more frequently as clinically indicated.

I also serve as the Chair of the "Transgender Clinical Care Team"(hereafter TCCT), which was established in November of 2014 to provide guidance/consultation services to Bureau clinical staff treating inmates with transgender concerns. As such, I am often asked to help in the management of transgender inmates both locally and at other BOP institutions.

5. The Plaintiff, Jeremy Pinson, federal register number 16267-064, is a federal inmate currently confined in the Federal Medical Center ("FMC") Rochester, MN. Pinson was assigned to USP Allenwood from March 10, 2016 through July 18, 2016.

6. Pinson self-identified as female and will be referred to as such for the remainder of my declaration.

7. Inmate Pinson has an extensive medical record. Medical records from March 1, 2016 through August 1, 2016, are in excess of 500 pages (not including psychology records). While housed at USP Allenwood (approximately 20 weeks) she was seen in person for clinical encounters by five different medical providers on thirteen different occasions. Additionally, there are twenty-one administrative notes in her medical record from practitioners who addressed a variety of issues. In approximately twenty weeks, I personally saw Pinson on at least three occasions and provided input to other clinicians who were seeing her on a regular basis. It is noted I was only involved in inmate Pinson's medical care as a consultant in the co-management of her trans-health. She was being seen by her assigned primary care team for all of the other medical conditions/concerns. **See attached BOP Health records from March 1, 2016 through August 1, 2016, for Pinson, (disc)**

8. A health intake screening for Pinson was performed on March 10, 2016, by a registered nurse.

9. I saw Pinson on March 17, 2016, to assist in co-managing her Gender Dysphoria Treatment. It was noted the patient was Trans-female on feminizing hormone therapy. I also noted the patient's subjective description of history including gravitating toward girl activities in her youth. The patient related that as a teen she was unfamiliar with the concept of "trans" and thought she was homosexual. Pinson also stated having been in prison since the age of seventeen when she started to cut herself, including genitalia. Patient had been started on Estradiol patch in December 27, 2015, at another institution. Estradiol is a female hormone and is used to enhance feminine characteristics.

10. On March 22, 2016, a psychiatrist performed an evaluation of Pinson. In this evaluation, the psychiatrist documented Pinson had a history of anxiety and had previously received Ativan. Ativan would require special approval. The physician prescribed Perphenazine for anti-social personality disorder and Trihexyphenidyl which is used for the side effects of the Perphenazine (tremors, etc).

11. At the time Pinson was assigned to USP Allenwood the BOP did not have a clinical guideline in place for treating Transgender inmates with Gender Dysphoria. However, the BOP established a Transgender Clinical Care Team (TCCT) in November of 2014, whose members were educated on the Endocrine Society Clinical Practice Guideline (the only published Trans Health Guideline at the time). Members of the TCCT also attended multiple Trans Health medical conferences to gain the knowledge necessary to develop a BOP

Guideline and treat our patients according to the community standard . The BOP Guideline was released in December, 2016 (months after Pinson left USP Allenwood).

12. The BOP also released an Interim Resource Guide in November of 2014, guiding and educating all BOP staff in the unique needs of all transgender inmates to include general guidance on psychological and medical assessments, housing considerations, commissary needs, etc. **See attached BOP Trans-gender Resource Guide**

13. Community standards were considered for treatment provided to Pinson included those set forth by the World Professional Association for Transgender Health (WPATH). Surgical eligibility criteria of theirs includes a well-documented gender dysphoria, capacity to consent to treatment, age of majority, twelve months of feminizing hormone therapy, and twelve months of continuous living in the gender role that is congruent with ones gender. The WPATH also recommends two letters of support from treatment providers (one of these support letters is usually from a Psychologist, and the other from the hormone prescribing provider) to support the surgery. In addition, the WPATH recommends that if there are psychological and or medical problems, these must be "reasonably well controlled" prior to consideration for surgical transitioning.

14. Pinson was provided treatment pursuant to community standards. Hormone therapy was initiated in December, 2015, prior to arriving at USP Allenwood. After arriving at USP Allenwood, a combined effort by health services and psychology services confirmed Pinson's diagnosis of Gender Dysphoria. Her hormone affirming therapy was continued and adjusted as deemed necessary and with the patient's consent.

15. Inmate Pinson's hormone levels were sub-therapeutic on arrival at USP Allenwood, and several adjustments were required to improve her hormone levels and

her Dysphoria. At the time of Inmate Pinson's housing at USP Allenwood, she did not meet the clinical criteria for Gender Affirming Surgery, because her hormone levels were still sub-therapeutic despite being on feminizing hormone therapy for over one year, and she had not been able to socially transition into a female role by continuously living in the gender role that is congruent with her identified gender (this is a required WPATH step for vaginoplasty).

16. In addition there were several concerns with respect to her physical and mental health, which must be "reasonably well-controlled" prior to consideration for surgery according to WPATH. WPATH/Gender affirming Surgeons require two letters from treatment providers to recommend the particular patient for surgery. One of these letters is typically from a Psychologist/Clinical Social Worker, and the other letter is from the medical provider. As her medical provider at the time, I would not have clinically supported gender affirming surgery for a variety of reasons. Her hormone levels were nowhere close to female physiologic levels. The patient was not fully compliant with all aspects of her treatment. She did not always comply with wound care, and other aspects of her care. She was also experiencing severe anxiety and oppositional behavior which was not "reasonably controlled" and would have precluded her from vaginoplasty surgery at that time.

17. There are well established clinical readiness criteria for gender affirming surgery as described above, and Inmate Pinson was simply not a surgical candidate at the time of her stay at USP Allenwood.

She was provided extensive, supportive and compassionate care by health services and psychology services during her stay at USP Allenwood. Inmate Pinson did not at any time during her USP Allenwood stay meet the current WPATH criteria for gender affirming surgery.

I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

The documents attached to this declaration:

a. are true and correct copies of records maintained by the Bureau of Prisons; b. were created at or near the time of the occurrence of the matters reflected therein by someone with knowledge; or c. were made by the Bureau of Prisons as a regular practice.

I am either custodian of the documents or am otherwise qualified to execute this certification, pursuant to Fed. R. Evid. 803(6) and 902(11).

Executed this 5th day of July, 2017

A handwritten signature in black ink, appearing to read "Elizabete Stahl", written over a horizontal line.

Elizabete Stahl, DO, FACP
Clinical Director
FCC Allenwood

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/30/2016 14:52

Sex: M Race: WHITE

Provider: Porter, Susan RN

Reg #: 16267-064

Facility: THP

Unit: B01

Nursing - Medication Reconciliation encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Porter, Susan RN**Chief Complaint:** Medication Reconciliation**Subjective:** HOSPITAL RETURN TRIP**Pain:** No**OBJECTIVE:****ASSESSMENT:**

No Significant Findings/No Apparent Distress

Inmate returns from local contracted hospital. He is upright and ambulatory with a steady gait. He denies all complaints of at this time. His respirations are easy and unlabored.

No new orders

No outside follow ups

No new medications

PLAN:**Medication Reconciliation.****The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.****Reconciled Medications:**

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	377561-THX	Albuterol Inhaler HFA (6.7 GM) 90mcg	shake well and Inhale 2 puffs by mouth four times daily as needed
BOP	Continue	Rx	377808-THX	clonazepam 0.5 MG Tab UD	Take four tablets (2 MG) by mouth each evening ***pill line*** crush/empty***
BOP	Continue	Rx	377807-THX	clonazepam 0.5 MG Tab UD	Take three tablets (1.5 MG) by mouth at noon ***pill line*** crush/empty***
BOP	Continue	Rx	377771-THX	Estradiol 2 MG Tab	Take one and one-half (1 and 1/2) tablets (3 MG) by mouth twice daily ***NOTE DOSE and STRENGTH***
BOP	Continue	Rx	377810-THX	Finasteride 1 MG TAB	Take one tablet (1 MG) by mouth each morning

Ex. 3, Attach. A, p. 1

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: THP

Encounter Date: 07/30/2016 14:52

Provider: Porter, Susan RN

Unit: B01

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	377563-THX	Mometasone Furoate Inhal 220 MCG/Inh (60 doses)	Inhale 2 puffs by mouth twice daily - rinse mouth after use
BOP	Continue	Rx	377772-THX	OXcarbazepine 300 MG Tab	Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***
BOP	Continue	Rx	377774-THX	Perphenazine 8 MG Tab	Take one tablet (8 MG) by mouth each evening ***pill line*** ***crush/empty***
BOP	Continue	Rx	377776-THX	Pregabalin 50 MG Cap UD	Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** ***pill line***
BOP	Continue	Rx	377565-THX	Spironolactone 25 MG Tab	Take two tablets (50 MG) by mouth twice daily ***pill line***
BOP	Continue	Rx	377777-THX	Trihexyphenidyl 2 MG Tab	Take two tablets (4 MG) by mouth twice daily ***pill line***
		OTC		No known OTCs	

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Patient Education Topics:

Date Initiated Format
07/30/2016 Counseling

Handout/Topic
Access to Care

Provider
Porter, Susan

Outcome
Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Wilson, William E. MD/CD**Telephone or Verbal order read back and verified.**

Completed by Porter, Susan RN on 07/30/2016 15:04

Requested to be cosigned by Wilson, William E. MD/CD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/30/2016 14:52	Provider:	Porter, Susan RN
		Race:	WHITE
		Facility:	THP

Cosigned by Wilson, William E. MD/CD on 08/01/2016 11:29.

Ex. 3, Attach. A, p. 3

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/29/2016 13:21	Facility:	THP
		Unit:	B01

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wilson, William E. MD/CD

DISCUSSED THE MEDICAL CASE AND DAILY DEVELOPMENTS WITH THE HOSPITALIST AT THE LOCAL HOSPITAL.

INMATE REMAINS IN THE HOSPITAL FOR FURTHER TREATMENT AND INPATIENT EVALUATION FOR THE FOLLOWING:

TRANSGENDER PATIENT

FOREIGN BODY INGESTION. HE WAS TRANSFERRED HERE WITH A TOOTHBRUSH AND A PENCIL IN HIS GI TRACT. HE IS GOING FOR A CT SCAN NOW AND SURGICAL CONSULTATION WILL BE OBTAINED REGARDING THE FOREIGN BODIES. HE PREVIOUSLY HAS HAD A COLECTOMY FOR SIMILAR BEHAVIOR REMOTELY AT OTHER FACILITIES.

THE PURPOSE OF THIS ENTRY IS TO ACCOUNT FOR THE PATIENT'S PRESENCE IN THE HOSPITAL, THE MAIN DIAGNOSIS, THE TREATMENT PLAN IN GENERAL, AND THE REASON THE PATIENT IS IN THE HOSPITAL. THE DISCHARGE SUMMARY AND RECORDS WILL BE OBTAINED UPON COMMUNITY HOSPITAL DISCHARGE.

FOR THE FULL DETAILED DAILY HOSPITAL DEVELOPMENTS, ASSESSMENTS, AND TREATMENTS THE READER IS REFERRED TO THE DAILY HOSPITAL PROGRESS NOTES IN THE HOSPITAL CHART WRITTEN BY THE HOSPITALIST FOR FURTHER SPECIFIC DETAILS OF THE HOSPITAL COURSE.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wilson, William E. MD/CD on 07/29/2016 13:22

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Race:	WHITE
Encounter Date:	07/29/2016 09:00	Facility:	THP
		Unit:	B01
Provider:	Wilson, William E.		

Chronic Care - 14 Day Physician Eval encounter at Health Services.

Reason Not Done: Unavailable

Comments: THE PATIENT WAS PLACED IN THE HOSPITAL YESTERDAY. THE 14 DAY EVALUATION THEREFORE WILL BE POSTPONED UNTIL HIS RETURN. HOWEVER ALL CHRONIC CARE ISSUES ARE BEING ADDRESSED BY THE HOSPITALIST AT THIS TIME.

Cosign Required: No

Completed by Wilson, William E. MD/CD on 07/29/2016 16:41.

Ex. 3, Attach. A, p. 5

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: THP
Encounter Date: 07/28/2016 11:23	Provider: Wilson, William E. MD/CD	Unit: B01

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Wilson, William E. MD/CD

Chief Complaint: Other Problem

Subjective: Reviewed the x-rays for a foreign body screen. Discussed with the patient. Last week he states he swallowed a pencil and other foreign objects which he says he does not recall. He says previous providers promised him narcotics.

Pain: No

OBJECTIVE:

Exam:

Diagnostics

Radiology

Yes: Results

General

Appearance

Yes: Appears Well

Skin

General

Yes: Within Normal Limits

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Musculoskeletal

Gait

Yes: Normal Gait

Neurologic

Cranial Nerves (CN)

Yes: CN 2-12 Intact Grossly

Mental Health

Posture

Yes: Within Normal Limits

Grooming/Hygiene

Yes: Within Normal Limits

Facial Expressions

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Speech/Language

Yes: Within Normal Limits

Ex. 3, Attach. A, p. 6

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: THP

Encounter Date: 07/28/2016 11:23

Provider: Wilson, William E. MD/CD

Unit: B01

Exam:**Mood**

Yes: Within Normal Limits

Orientation

Yes: Within Normal Limits

Attention

Yes: Within Normal Limits

Recent Memory

Yes: Within Normal Limits

Remote Memory

Yes: Within Normal Limits

Exam Comments

He is in no apparent distress, smiling and interactive.

X-ray foreign body survey-there appears to be a screw in the descending colon. There appears to be in other foreign object, possibly a pencil from an end on view. X-rays have not been sent yet for an over read by the radiologist.

ASSESSMENT:

Unspecified Anxiety Disorder, F41.9 - Current

Antisocial Personality Disorder, F60.2*b - Current

History of other injury, V15.59 - Current

Transgender, validated male to female, 302.5b - Current

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

Assessment/plan

Foreign objects in the stomach-if he swallowed a pencil week ago it appears that it is not passing. There is a risk of perforation. He previously has had a colectomy because of another foreign object remotely. Direct admit the patient to the hospital for GI consultation and possible endoscopy. We also did speak with psychology and informed them that the Klonopin will be continued as it is an approved nonformulary medication

Patient Education Topics:

Date Initiated **Format**
07/28/2016 Counseling

Handout/Topic
Other

Provider
Wilson, William

Outcome
Verbalizes
Understanding

we did some patient education however he was not told he was going to the hospital.

Ex. 3, Attach. A, p. 7

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: THP

Encounter Date: 07/28/2016 11:23

Provider: Wilson, William E. MD/CD

Unit: B01

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wilson, William E. MD/CD on 07/28/2016 11:27

Ex. 3, Attach. A, p. 8

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/28/2016 09:16

Sex: M Race: WHITE

Provider: Mata, Heather PA-C

Reg #: 16267-064

Facility: THP

Unit: B01

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Mata, Heather PA-C**Chief Complaint:** Other Problem

Subjective: Inmate is requesting a revision and update of his MDS form and would also like his Cymbalta discontinued. Inmate is on Lyrica and is doing well without the addition of the Cymbalta. Also inmate states last Wed. he swallowed a pencil and a toothbrush and that he has not had a follow up x ray since. To order an abdominal series today to monitor progression.

Pain: No

OBJECTIVE:**Exam:****General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Abdomen**Auscultation**

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

ASSESSMENT:

Other specified idiopathic peripheral neuropathy, 356.8 - Current

Seizure disorder, other convulsions, 780.39 - Current

PLAN:**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 9

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: THP

Encounter Date: 07/28/2016 09:16

Provider: Mata, Heather PA-C

Unit: B01

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
377809-THX	DULoxetine HCl Delayed Rel 60 MG Cap	07/28/2016 09:16	Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry***

Discontinue Type: Immediate**Discontinue Reason:** discontinue**Indication:****New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-Abdominal Series (3 views)	One Time		07/28/2016	Today

Specific reason(s) for request (Complaints and findings):

Swallowed a pencil and toothbrush last Wed. (7/20/16)

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

F.B. ingestion - abdominal series today

D/C Cymbalta

Refusal signed for low bunk pass - inmate has history of seizures.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2016	Counseling	Plan of Care	Mata, Heather	Verbalizes Understanding

Copay Required: Yes**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Mata, Heather PA-C on 07/28/2016 09:33

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/27/2016 15:24	Facility:	THP
		Provider:	Wilson, William E.
		Unit:	B01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wilson, William E. MD/CD

The nonformulary for Klonopin upon review appears to have been approved previously for prolonged use. This medication is approved through June 2017 therefore a taper will not be instituted. The patient will be seen for the 14 day chronic care evaluation.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wilson, William E. MD/CD on 07/27/2016 15:25

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/26/2016 14:31	Facility:	THP
		Unit:	B01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wilson, William E. MD/CD

I spoke with pharmacy. The clonazepam is an active order. It is pill line. We will get him scheduled very soon and begin a taper however it is available to him currently. He does have to go to pill line to take it.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wilson, William E. MD/CD on 07/26/2016 14:31

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: OKL
Note Date: 07/22/2016 12:47	Provider: Pierce, Stacie PA-C	Unit: Z02

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Pierce, Stacie PA-C

Inmate requesting to have T#3 for pain reliever for chronic shoulder pain and now abdominal pain due to eating foreign objects.

He states he has not passed those items through bowel movement.

#2 problem

Inmate states he voiced a PREA concern to Duty officer last evening and had not seen anyone.

When inmate ask if he was touched inappropriately he states "No".

There was a verbal threat against me. He states officer told him that to go ahead and harm self and he would come in there.

I explained to inmate that was not a sexual misconduct but would report to PREA officer.

Other:

1. Inmate will not received T#3 after reviewing case with Medical provider. Currently has ibuprofen for shoulder pain.
2. Discussed with HSA and he instructed he would speak with Dr. Yanez regarding the PREA complaint

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pierce, Stacie PA-C on 07/22/2016 12:53

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/21/2016 07:30	Facility:	OKL
		Unit:	Z02
		Provider:	Pierce, Stacie PA-C

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Pierce, Stacie PA-C

Inmate seen on medical SHU sick call rounds this morning.

Inmate reports that yesterday afternoon he ate 3 toothbrushes & 2 pencils . It was reported to medical and on call physician notified.

He was able to eat last night but had abdominal discomfort after eating.

Requested on call physician be notified.

O: inmate laughing and sharing past self harm incidents with this provider. He does not appear in any acute distress currently.

P: Dr. Petry notified and Dr. Shelley Psychologist

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pierce, Stacie PA-C on 07/21/2016 16:18

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/20/2016 09:14

Sex: M Race: WHITE

Provider: Mann, Dominic RN

Reg #: 16267-064

Facility: OKL

Unit: Z02

Nursing - Sick Call Note encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Mann, Dominic RN**Chief Complaint:** Pain**Subjective:** Can I get the IBU that is expired back for a week or so. It is for my shoulder that was injured.**Pain:** Yes**Pain Assessment****Date:** 07/20/2016 09:15**Location:** Shoulder-Left**Quality of Pain:** Nagging**Pain Scale:** 4**Intervention:** IBU**Trauma Date/Year:****Injury:****Mechanism:****Onset:** 3-4 Weeks**Duration:** 3-4 Weeks**Exacerbating Factors:** I do not know**Relieving Factors:** IBU**Comments:****ROS:****Musculoskeletal****General**

Yes: Shoulder Pain

No: Hx of Falls

OBJECTIVE:**Exam:****General****Affect**

Yes: Cooperative

Appearance

Yes: Appears Well

Nutrition

Yes: Within Normal Limits

ASSESSMENT:

No Significant Findings/No Apparent Distress

While doing SHU rounds I was stopped and asked if I would renew his IBU. He stated last month he fell getting out of the shower. He says that he is still having pain in the shoulder. His pain level is a 4 on 0-10 scale. He is moving it around with no decrease of motion.

Ex. 3, Attach. A, p. 15

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: OKL

Encounter Date: 07/20/2016 09:14

Provider: Mann, Dominic RN

Unit: Z02

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	07/20/2016 09:14	600 Orally - three times a day PRN x 5 day(s) Pill Line Only

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/20/2016	Counseling	Access to Care	Mann, Dominic	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Petry, G. MD/CD**Telephone or Verbal order read back and verified.**

Completed by Mann, Dominic RN on 07/20/2016 09:23

Requested to be cosigned by Petry, G. MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/20/2016 09:14	Race:	WHITE
		Provider:	Mann, Dominic RN
		Facility:	OKL

Cosigned by Petry, G. MD/CD on 07/21/2016 09:23.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 17

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Pierce, Stacie PA-C	Facility: OKL
Encounter Date: 07/19/2016 06:30		Unit: Z02

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Pierce, Stacie PA-C

Chief Complaint: Other Problem

Subjective: Called up to SHU by CO to medically assess the inmate.
Inmate is on B-range cell 159. There is red blood on the plexi-glass of his cell in 3 locations.
Corrections & LT present trying to speak with inmate.
Inmate reports " I do not need medical. This is about the Kosher diet"
When ask if he was hurt anywhere he reported "No"

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused	0.0		Pierce, Stacie PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused			Pierce, Stacie PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/19/2016	14:39 OKL	18	Pierce, Stacie PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused				Pierce, Stacie PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused		Pierce, Stacie PA-C

Exam:

General

Appearance

Yes: Alert and Oriented x 3

No: Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Acutely Ill

Exam Comments

Upon observation through the glass:
No lacerations or abrasions noted on the exposed surfaces
No blood strike through on any of his clothing
Inmate not in any distress

Refused to allow medical assessment.

No acute injuries noted

ASSESSMENT:

Ex. 3, Attach. A, p. 18

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: OKL

Encounter Date: 07/19/2016 06:30

Provider: Pierce, Stacie PA-C

Unit: Z02

Encounter for general adult medical exam without abnormal findings, Z0000 - Current

PLAN:**Other:**

1. No medical assessment required by corrections at this time
2. No acute injuries visualized.
3. Inmate denies pain. Inmate will not disclose where the blood came from.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/19/2016	Counseling	Plan of Care	Pierce, Stacie	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Pierce, Stacie PA-C on 07/19/2016 14:46

Requested to be reviewed by Watson, Kenneth DO.

Review documentation will be displayed on the following page.

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/19/2016 06:30	Provider:	Pierce, Stacie PA-C
		Race:	WHITE
		Facility:	OKL

Reviewed by Watson, Kenneth DO on 07/19/2016 15:22.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Martinez, Andrea RN	Facility: ALP
Encounter Date: 07/17/2016 06:17		Unit: Z04

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Martinez, Andrea RN

Chief Complaint: Pain

Subjective: Inmate continues to have left shoulder pain

Pain: Yes

Pain Assessment

Date: 07/17/2016 06:17

Location: Shoulder-Left

Quality of Pain: Aching

Pain Scale: 7

Intervention: medication

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-5 Days

Duration: 1-2 Days

Exacerbating Factors: movement

Relieving Factors: medication

Comments:

ROS:

Nursing Exam

Fall Risk (Morse Scale)

Yes: Gait/Transferring (Normal/bedrest/immobile=0), Mental Status (Oriented to own abil=0), No Risk: 0-24

No: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid

(None/bedrest/wc/nurse=0, IV/Heparin lock (No=0)

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/17/2016	06:18 ALX	78	Radial		Martinez, Andrea RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/17/2016	06:18 ALX	16	Martinez, Andrea RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/17/2016	06:18 ALX	120/82	Right Arm	Standing		Martinez, Andrea RN

ASSESSMENT:

Initial assessment

Inmate requested his PRN Tylenol this morning for continued left shoulder pain. The order had expired. When discussed with inmate, he had stated that the pain was 7/10 and requested ibuprofen rather than Tylenol stating that he responds

Ex. 3, Attach. A, p. 21

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/17/2016 06:17

Provider: Martinez, Andrea RN

Unit: Z04

better to ibuprofen. All vitals WNL. Inmate pleasant and cooperative.

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	07/17/2016 06:17	600 mg Orally Five times a day PRN x 2 day(s) Pill Line Only

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Pill Line**Stop Date:** 07/19/2016 06:16**MAR Label:** 600 mg Orally Five times a day PRN x 2 day(s) Pill Line Only**One Time Dose Given:** No**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/17/2016	Counseling	Plan of Care	Martinez, Andrea	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Martinez, Andrea RN on 07/17/2016 06:25

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/17/2016 06:17	Provider:	Martinez, Andrea RN
		Race:	WHITE
		Facility:	A01

Cosigned by Buschman, Brian MD on 07/18/2016 09:01.

Screenings have been acknowledged.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/14/2016 15:45

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Camp, Stevie RN**Chief Complaint:** Nausea/Vomiting**Subjective:** Inmate has complaints of nausea and abdominal discomfort due to gastritis.**Pain:** No**OBJECTIVE:****Exam:****General****Affect**

Yes: Cooperative, Irritable

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Acutely Ill

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:**Other**

Inmate just returned from the hospital. Inmate had spork removed from stomach via scope. Inmate is complaining of discomfort related to gastritis and nausea. MD notified. Orders given to order and administer 25 mg of Promethazine IM and a GI cocktail (15 ml of viscous lidocaine and 30 ml of Mylanta) TID x 2 days. Medications administered. Inmate tolerated well.

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 24

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/14/2016 15:45

Provider: Camp, Stevie RN

Unit: Z04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	ALOH/MGOH/Simeth(Mylanta) 200-200-20 MG/5ML Susp	07/14/2016 15:45	30 ml Orally - three times a day PRN x 2 day(s) Pill Line Only
	Start Now: Yes Night Stock Rx#: Source: Pyxis Admin Method: Pill Line Stop Date: 07/16/2016 15:44 MAR Label: 30 ml Orally - three times a day PRN x 2 day(s) Pill Line Only One Time Dose Given: No		
	Lidocaine viscous HCl Oral 2%	07/14/2016 15:45	15 ml Orally Mouth - three times a day PRN x 2 day(s) Pill Line Only
	Start Now: Yes Night Stock Rx#: Source: Pyxis Admin Method: Pill Line Stop Date: 07/16/2016 15:44 MAR Label: 15 ml Orally Mouth - three times a day PRN x 2 day(s) Pill Line Only One Time Dose Given: No		
	Promethazine Injection	07/14/2016 15:45	25 mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only
	Start Now: Yes Night Stock Rx#: Source: Pyxis Admin Method: Pill Line Stop Date: 07/14/2016 15:45 MAR Label: 25 mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only One Time Dose Given: Given Now		

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/14/2016	Counseling	Access to Care	Camp, Stevie	Verbalizes Understanding

Ex. 3, Attach. A, p. 25

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/14/2016 15:45

Provider: Camp, Stevie RN

Unit: Z04

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Buschman, Brian MD

Telephone or Verbal order read back and verified.

Completed by Camp, Stevie RN on 07/14/2016 17:33

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 26

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/14/2016 15:45	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/15/2016 08:25.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 27

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/14/2016 15:40

Sex: M Race: WHITE

Provider: Rishel, Richard NRP

Reg #: 16267-064

Facility: ALP

Unit: Z04

EMT/Para - Medical Trip Return encounter performed at Other.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Rishel, Richard NRP**Chief Complaint:** No Complaint(s)**Subjective:** Inmate returns from Williamsport Hospital. Inmate has no complaint. Inmate seen by GI, spork was found in the stomach and successfully removed.**Pain:** No**OBJECTIVE:****Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/14/2016	15:41 ALX	76	Radial	Regular	Rishel, Richard NRP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/14/2016	15:41 ALX	16	Rishel, Richard NRP

Exam Comments

Inmate evaluated in R&D upon the medical trip return. Inmate denies any complaint. Inmate seen by GI this date, spork was found in the stomach and was successfully removed.

Inmate denies headache, dizziness, weakness, chest pain, shortness of breath, nausea, vomiting, abdominal pain, or cough.

Inmate is conscious, alert, and oriented to person, place, time, and event, in no visible distress. Inmate ambulatory without assistance. Airway patent, no obvious respiratory distress, speaking in full sentences. Skin is pink, warm, and dry.

Inmate remains in R&D for the trip return with custody staff.

Inmate instructed to follow up with HSU if he has any complaint.

Paperwork placed in Dr. Buschman's mailbox.

Comments

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has no history of falls less than 3 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Ex. 3, Attach. A, p. 28				

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/14/2016 15:40

Provider: Rishel, Richard NRP

Unit: Z04

Date Initiated **Format**

07/14/2016 Counseling

Handout/Topic

Access to Care

Provider

Rishel, Richard

OutcomeVerbalizes
Understanding**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Rishel, Richard NRP on 07/14/2016 15:46

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/14/2016 15:40	Provider:	Rishel, Richard NRP
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/15/2016 08:18.

Ex. 3, Attach. A, p. 30

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/13/2016 11:22

Sex: M Race: WHITE

Provider: Buschman, Brian MD

Reg #: 16267-064

Facility: ALP

Unit: Z04

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Buschman, Brian MD**Chief Complaint:** GENERAL

Subjective: I stepped into x-ray while taking pictures to localize the swallowed spork. 2 days ago it was noted to be superimposed over T10/11 per radiology. Today I was not able to see it on the films and I am awaiting a read from radiology and requested it read STAT.

The patient advised on having abd pain, "not sharp just hurting all over enough to wake me from sleep at 4am." Pinson advised the pain continued and has not stopped since starting overnight last night. Pinson also complained of constipation and usually having 2 BMs a day and now not having one for 2 days. Has now had 2 doses of docusate with no results yet. The escorting officer advised that Pinson just ate a full tray, ask for more and then ate a second tray with no signs of discomfort or difficulty eating. Pain abd, aching, no radiation 7/10 onset at 4am.

Given the very normal vitals including temp that I obtained and my abd exam I do not think there are signs of perf. I question the possibility of passage of the FB but will await reading of radiology. I believe very clinically stable given no rebound, guarding or tenderness to palpation and being generally soft in the presence of a normal temperature. Will monitor and increase stool softeners as below.

Pain: Not Applicable**OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/13/2016	11:22 ALX	97.4	36.3		Buschman, Brian MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/13/2016	11:22 ALX	81			Buschman, Brian MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/13/2016	11:22 ALX	119/81				Buschman, Brian MD

Exam Comments

Walked into and out of x-ray with no difficulty. No apparent distress. Respirations visually normal. Abd soft, NT, not distended, no rebound or guarding.

ASSESSMENT:

Abdominal pain, 789.0 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
			Ex. 3, Attach. A, p. 31

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/13/2016 11:22

Provider: Buschman, Brian MD

Unit: Z04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Acetaminophen 325 MG Tablet	07/13/2016 11:22	650mg Orally - Two Times a Day PRN x 3 day(s) Pill Line Only -- abd pain with GI procedure scheduled 7/14/16

Indication: Abdominal pain**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
436583-ALX	Docusate Sodium 100 MG Cap	07/13/2016 11:22	Take one capsule (100 MG) by mouth two times a day ***pill line***

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** *discontinue***Indication:****New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Gastroenterology	07/14/2016	07/14/2016	Urgent	No	

Subtype:
EGD

Reason for Request:

Swallowed FB

Provisional Diagnosis:

After attempt to pass and still has in the stomach per x-ray requesting to have EGD in the GI doc's block time in the hospital tomorrow.

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

After reviewing the stat x-ray read that was given to me before I finished this note I spoke with GI, Dr. Purcell, who advised that with no peritoneal signs, is not NPO and has been in the stomach for 4 days at this point would be an ideal candidate to do urgently/electively in the office for the next available which he has block time tomorrow so I have ask my staff to schedule.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/13/2016	Counseling	Access to Care	Buschman, Brian	Verbalizes Understanding

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/13/2016 11:22

Provider: Buschman, Brian MD

Unit: Z04

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/13/2016 12:27

Ex. 3, Attach. A, p. 33

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/12/2016 14:06	Provider:	Buschman, Brian MD
		Facility:	ALP
		Unit:	Z04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Buschman, Brian MD

I was advised by staff this patient was comfortably speaking and advising no BMs

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Docusate Sodium Capsule	07/12/2016 14:06	100mg Orally - Two Times a Day x 7 day(s) Pill Line Only -- ingested foreign body

Indication: Abdominal pain

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/12/2016 14:10

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/11/2016 13:00	Provider:	Buschman, Brian MD
		Facility:	ALP
		Unit:	Z04

Cosign Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Buschman, Brian MD

I reviewed the x-ray and noted what is likely the plastic sport superimposed over T-11 body likely within the transverse colon. Given passage to this point it is likely to exit the body within 1-2 more BMs.

No abd pain. Walked without signs of rebound or guarding. Abd soft. Vitals obtained by my nurse as below.

Given no signs of peritonitis and likely near passage of the spork we will monitor and repeat x-ray.

The patient also was asking specifically about getting doses of spironolactone and estrogen while on watch. I do appreciate this forward thinking. I have ask pharmacy to place all meds on pill line at this time.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/11/2016	10:30 ALX	98.9	37.2		Buschman, Brian MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/11/2016	10:30 ALX	64			Buschman, Brian MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/11/2016	10:30 ALX	108/74				Buschman, Brian MD

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/11/2016 13:00

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 07/11/2016 12:35	Provider: Buschman, Brian MD	Unit: Z04

Cosign Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

I reviewed the x-ray and noted what is likely the plastic spork superimposed over T-11 body likely within the transverse colon. Given passage to this point it is likely to exit the body within 1-2 more BMs.

No abd pain. Walked without signs of rebound or guarding. Abd soft. Vitals obtained by my nurse as below.

Given no signs of peritonitis and likely near passage of the spork we will monitor and repeat x-ray.

The patient also was asking specifically about getting doses of spironolactone and estrogen while on watch. I do appreciate this forward thinking. I have ask pharmacy to place all meds on pill line at this time.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-Abdominal Series (3 views)	One Time		07/13/2016	Routine

Specific reason(s) for request (Complaints and findings):

F/u swallowed spork on last image appeared to overly T11 vertebral body.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/11/2016 12:41

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 07/11/2016 12:35	Provider: Buschman, Brian MD	Unit: Z04

Cosign Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

I reviewed the x-ray and noted what is likely the plastic spork superimposed over T-11 body likely within the transverse colon. Given passage to this point it is likely to exit the body within 1-2 more BMs.

No abd pain. Walked without signs of rebound or guarding. Abd soft. Vitals obtained by my nurse as below.

Given no signs of peritonitis and likely near passage of the spork we will monitor and repeat x-ray.

The patient also was asking specifically about getting doses of spironolactone and estrogen while on watch. I do appreciate this forward thinking. I have ask pharmacy to place all meds on pill line at this time.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-Abdominal Series (3 views)	One Time		07/13/2016	Routine

Specific reason(s) for request (Complaints and findings):

F/u swallowed spork on last image appeared to overly T11 vertebral body.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/11/2016 12:41

Bureau of Prisons

Health Services

See Amendment

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Sex: M

Encounter Date: 07/11/2016 13:00

Reg #: 16267-064

Race: WHITE

Facility: ALP

Amendment made to this note by Buschman, Brian MD on 07/11/2016 13:00.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/11/2016 10:14	Facility:	ALP
		Provider:	Leshner, Michael EMT-P
		Unit:	Z04

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Leshner, Michael EMT-P

Inmate received in house ultrasound today. Results will be forwarded to PCP electronically.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Leshner, Michael EMT-P on 07/11/2016 10:20

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 07/09/2016 20:07	Provider: Trump, Christopher RN	Unit: Z04

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Trump, Christopher RN

Inmate is in health services for setting fire to cell and smoke inhalation injury. Inmate was witnessed by staff consuming a plastic spork. Inmate was witnessed by health services staff with esophageal discomfort for a brief period of time (2 minutes) followed by baseline behavior. Inmate was also seen eating paper. Dr. Bushman was notified and ordered that a x-ray should be scheduled for Monday.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-Abdominal Series (3 views)	One Time		07/11/2016	Routine

Specific reason(s) for request (Complaints and findings):

Inmate was witnessed swallowing a spork.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Trump, Christopher RN on 07/09/2016 20:52

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/09/2016 20:07	Provider:	Trump, Christopher RN
		Race:	WHITE
		Facility:	ALP

Cosigned with New Encounter Note by Buschman, Brian MD on 07/11/2016 12:35.

Ex. 3, Attach. A, p. 41

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/08/2016 19:15

Sex: M Race: WHITE

Provider: Duke, Kristi RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Duke, Kristi RN**Chief Complaint:** No Complaint(s)**Subjective:** Inmate states " I lived, I am fine but that was fun."**Pain:** No**ROS:****Nursing Exam****Fall Risk (Morse Scale)**

Yes: Mental Status (Oriented to own abil=0)

No: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid

(None/bedrest/wc/nurse=0, IV/Heparin lock (No=0), Gait/Transferring (Normal/bedrest/immobile=0), Falls

Precautions Required (Score:: 0)

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/08/2016	20:14 ALX	72	Radial	Regular	Duke, Kristi RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/08/2016	20:14 ALX	16	Duke, Kristi RN

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Peripheral Vascular**General**

Yes: Within Normal Limits

Exam Comments

Inmate returns from emergency trip to outside hospital. No medication changes. No new orders. Inmate appears medically stable.

Ex. 3, Attach. A, p. 42

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/08/2016 19:15

Provider: Duke, Kristi RN

Unit: Z04

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

No medical treatment required at this time.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/08/2016	Counseling	Access to Care	Duke, Kristi	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Duke, Kristi RN on 07/08/2016 20:18

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/08/2016 19:15	Provider:	Duke, Kristi RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/11/2016 12:34.

Ex. 3, Attach. A, p. 44

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 07/08/2016 15:19	Provider: Buschman, Brian MD	Unit: Z04

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

This is my cosign note.

I heard the radio call to SHU around 11:15 and responded with my trauma bag. As I arrived I noted custody staff running up the steps with a backboard. I went up to D range and I noted smoke as I approached the end of the range. The one medical staff ahead of me yelled for a BVM that I readied as they moved the patient. He was not breathing and BVM respirations were initiated as he was being carried down to medical. Once in the trauma bay he was noted to have a pulse but not breathing and BVM ventilation continued for about 2.5 minutes. I ask my staff to prepare for intubation, connect to the monitor where I noted sinus rhythm a little over 100 and I ask for two IV to be started while the Lt had advised that EMS had already been called.

Intubation was attempted by EMT-P Magyar who noted no carbonus material in the pharynx and the patient regained alertness during the attempt. He began to caught and then spoke showing he could protect his own airway so intubation attempt was aborted.

He was placed on nonrebreather O2, 2 IV started and he was monitored and talking to us while awaiting arrival of EMS. As EMS arrived and signout was given I turned my attention to overseeing general medical care of other patients during this MCI.

As I was writing this note I received a call from staff in the Evan ER advising his carboxyhemoglobin level was low and he was being discharged back to us with a dx of smoke inhalation. May have a HA and consider NSAIDs as needed. I advised the Lt he was returning.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/08/2016 15:28

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/08/2016 11:16

Sex: M Race: WHITE

Provider: Duke, Kristi RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Injury Assessment - Non-work related encounter performed at Special Housing Unit.

SUBJECTIVE:**INJURY 1** **Provider:** Duke, Kristi RN**Date of Injury:** 07/08/2016 11:16**Date Reported for Treatment:** 07/08/2016 12:58**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:****Pain Scale:** Unavailable**Pain Qualities:****Where Did Injury Happen (Be specific as to location):**

Special Housing Unit Cell Z04-235LAD

Cause of Injury (Inmate's Statement of how injury occurred):

Inmate non-verbal.

Symptoms (as reported by inmate):

Unavailable.

ROS:**Nursing Exam****Fall Risk (Morse Scale)**

Yes: Secondary diagnosis (Yes=15), IV/Heparin lock (Yes=20), Gait/Transferring (Impaired=20), High Risk:Score>51(Initiate Falls Prec.), Falls Precautions Required (Score:: 55)

No: History of falling < 3 mos(No=0), Ambulatory aid (None/bedrest/wc/nurse=0, Mental Status (Oriented to own abil=0)

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/08/2016	11:24 ALX	98.3	36.8	Tympanic	Duke, Kristi RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/08/2016	11:24 ALX	92	Via Machine	Regular	Duke, Kristi RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/08/2016	11:24 ALX	122/85				Duke, Kristi RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/08/2016	11:24 ALX	99	Oxygen 2 L	Duke, Kristi RN

Exam:**General****Appearance**

Yes: Unconscious

Skin**Ex. 3, Attach. A, p. 46**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/08/2016 11:16

Provider: Duke, Kristi RN

Unit: Z04

Exam:**General**

Yes: Within Normal Limits, Dry, Skin Intact

Eyes**Pupils**

Yes: Normal Appearing

Cardiovascular**Observation**

Yes: Within Normal Limits

Peripheral Vascular**General**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

Exam Comments

At approximately 1116 emergency call to the Special Housing Unit. Inmate Pinson was brought to Health Services via back board following a fire inside inmates cell. Inmate Pinson was unresponsive. Airway was suppressed with no response. Visible soot appearing on nares and oropharynx. Visualization of oropharynx with laryngoscope. Two pieces of hard candy were removed. No airway swelling or soot noted post pharynx. Inmate aroused and biting down on oral airway. Airway maintained with bag mask. Inmate began breathing on his own and was moved from bag mask to non-rebreather. Oxygen sat. 99%. NSS via (2) 16ga. IV's placed (one located in left antecubital and a second located in right wrist). Blood pressure WNL with elevated pulse. No burns or other injuries noted upon exam. Inmate stable, transferred to EMS stretcher and transported to local hospital.

ASSESSMENT:

Initial assessment

Smoke Inhalation.

PLAN:**Disposition:**

Transfer to Local Hospital

Other:

Inmate Transferred to outside hospital.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/08/2016	Counseling	Plan of Care	Duke, Kristi	No Participation

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/08/2016 11:16

Provider: Duke, Kristi RN

Unit: Z04

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Duke, Kristi RN on 07/08/2016 13:43

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 48

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/08/2016 11:16	Provider:	Duke, Kristi RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/08/2016 15:29.

Ex. 3, Attach. A, p. 49

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 07/03/2016 07:30

Sex: M Race: WHITE
Provider: Camp, Stevie RN

Reg #: 16267-064
Facility: ALP
Unit: Z04

Nursing - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Camp, Stevie RN

Chief Complaint: Nausea/Vomiting

Subjective: Inmate has complaints of nausea since 1500 on 6/2/16 and two episodes of vomiting after eating dinner and breakfast. Inmate denies diarrhea and all other symptoms.

Pain: No

OBJECTIVE:

ASSESSMENT:

Other

Inmate has complaints of nausea x 16 hours and vomiting x 2 (after meals only). Inmate denies diarrhea and other symptoms.

Inmate is alert and oriented x 4 and is in no apparent distress. Inmate ambulated to the door independently and without difficulty. Inmate took prescribed morning medication. Emesis observed in the toilet. No obvious signs of blood or other alarming findings present. Vital signs are stable. Inmate is afebrile. No history of peptic ulcer disease or other GI problems noted.

25 mg of Promethazine suppositories every 8 hours as needed x 1 day will be ordered per nursing protocol 19. Inmate was given one suppository at this time. The medication will be ordered on pill line. Inmate verbalized understanding on how to use the suppository.

Inmate will be observed again at bedtime pill line.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Promethazine Suppository	07/03/2016 07:30	25 mg Rectally every 8 hours PRN x 1 day(s) Pill Line Only
	Start Now: Yes		
	Night Stock Rx#:		
	Source: Pyxis		
	Admin Method: Pill Line		
	Stop Date: 07/04/2016 07:29		
	MAR Label: 25 mg Rectally every 8 hours PRN x 1 day(s) Pill Line Only		
	One Time Dose Given: No		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 50

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/03/2016 07:30

Provider: Camp, Stevie RN

Unit: Z04

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Promethazine Suppository	07/03/2016 07:30	25 mg Rectally every 8 hours PRN x 1 day(s)
	Discontinue Type: Immediate		
	Discontinue Reason: new order written		
	Indication:		

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Camp, Stevie RN on 07/03/2016 16:59

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 07/03/2016 07:30

Sex: M Race: WHITE
Provider: Camp, Stevie RN

Reg #: 16267-064
Facility: ALP
Unit: Z04

Nursing - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Camp, Stevie RN

Chief Complaint: Nausea/Vomiting

Subjective: Inmate has complaints of nausea since 1500 on 6/2/16 and two episodes of vomiting after eating dinner and breakfast. Inmate denies diarrhea and all other symptoms.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/03/2016	10:15 ALX	98.5	36.9	Oral	Camp, Stevie RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/03/2016	10:15 ALX	92	Via Machine		Camp, Stevie RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/03/2016	10:15 ALX	18	Camp, Stevie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/03/2016	10:15 ALX	131/91		Sitting	Adult-regular	Camp, Stevie RN

ASSESSMENT:

Other

Inmate has complaints of nausea x 16 hours and vomiting x 2 (after meals only). Inmate denies diarrhea and other symptoms.

Inmate is alert and oriented x 4 and is in no apparent distress. Inmate ambulated to the door independently and without difficulty. Inmate took prescribed morning medication. Emesis observed in the toilet. No obvious signs of blood or other alarming findings present. Vital signs are stable. Inmate is afebrile. No history of peptic ulcer disease or other GI problems noted.

25 mg of Promethazine suppositories every 8 hours as needed x 1 day will be ordered per nursing protocol 19. Inmate was given one suppository at this time. The medication will be ordered on pill line. Inmate verbalized understanding on how to use the suppository.

Inmate will be observed again at bedtime pill line.

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
			Ex. 3, Attach. A, p. 52

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/03/2016 07:30

Provider: Camp, Stevie RN

Unit: Z04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Promethazine Suppository	07/03/2016 07:30	25 mg Rectally every 8 hours PRN x 1 day(s)

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Self Administration**Stop Date:** 07/04/2016 07:29**MAR Label:** 25 mg Rectally every 8 hours PRN x 1 day(s)**One Time Dose Given:** No**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/03/2016	Counseling	Compliance - Treatment	Camp, Stevie	Attentive

Dietary considerations:
NPO for 1 hours after emesis
Clear liquids. Advance as tolerated
Avoid greasy foods
BRAT diet

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Camp, Stevie RN on 07/03/2016 11:21

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/03/2016 07:30	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/05/2016 09:20.

Ex. 3, Attach. A, p. 54

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 07/03/2016 07:30

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Nursing - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** Provider: Camp, Stevie RN**Chief Complaint:** Nausea/Vomiting**Subjective:** Inmate has complaints of nausea since 1500 on 6/2/16 and two episodes of vomiting after eating dinner and breakfast. Inmate denies diarrhea and all other symptoms.**Pain:** No**OBJECTIVE:****Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
07/03/2016	10:15 ALX	98.5	36.9	Oral	Camp, Stevie RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/03/2016	10:15 ALX	92	Via Machine		Camp, Stevie RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/03/2016	10:15 ALX	18	Camp, Stevie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/03/2016	10:15 ALX	131/91		Sitting	Adult-regular	Camp, Stevie RN

ASSESSMENT:

Other

Inmate has complaints of nausea x 16 hours and vomiting x 2 (after meals only). Inmate denies diarrhea and other symptoms.

Inmate is alert and oriented x 4 and is in no apparent distress. Inmate ambulated to the door independently and without difficulty. Inmate took prescribed morning medication. Emesis observed in the toilet. No obvious signs of blood or other alarming findings present. Vital signs are stable. Inmate is afebrile. No history of peptic ulcer disease or other GI problems noted.

25 mg of Promethazine suppositories every 8 hours as needed x 1 day will be ordered per nursing protocol 19. Inmate was given one suppository at this time. The medication will be ordered on pill line. Inmate verbalized understanding on how to use the suppository.

Inmate will be observed again at bedtime pill line.

PLAN:**New Medication Orders:**

Rx#	Medication	Order Date	Prescriber Order
			Ex. 3, Attach. A, p. 55

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 07/03/2016 07:30

Provider: Camp, Stevie RN

Unit: Z04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Promethazine Suppository	07/03/2016 07:30	25 mg Rectally every 8 hours PRN x 1 day(s)

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Self Administration**Stop Date:** 07/04/2016 07:29**MAR Label:** 25 mg Rectally every 8 hours PRN x 1 day(s)**One Time Dose Given:** No**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/03/2016	Counseling	Compliance - Treatment	Camp, Stevie	Attentive

Dietary considerations:
NPO for 1 hours after emesis
Clear liquids. Advance as tolerated
Avoid greasy foods
BRAT diet

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Camp, Stevie RN on 07/03/2016 11:21

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/03/2016 07:30	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Camp, Stevie RN on 07/03/2016 16:59.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/03/2016 07:30	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 07/05/2016 09:20.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	07/01/2016 12:32	Provider:	Buschman, Brian MD
		Facility:	ALP
		Unit:	Z04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

renew Lyrica

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
432206-ALX	Pregabalin 100 MG Cap UD	07/01/2016 12:32

Prescriber Order

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 x 30 day(s) Pill Line Only

Indication: Other specified idiopathic peripheral neuropathy

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 07/01/2016 12:34

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/30/2016 13:48	Provider: Sharretts, Ray DO	Unit: Z04

Admin Note - Orders encounter performed at Telehealth.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Sharretts, Ray DO

Asked to rewrite Klonopin orders.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	clonazepam Tablet	06/30/2016 13:48	1.5 mg Orally each morning x 30 day(s) Pill Line Only
	Indication: Unspecified Anxiety Disorder		
	clonazepam Tablet	06/30/2016 13:48	2 mg Orally at bedtime x 30 day(s) Pill Line Only
	Indication: Unspecified Anxiety Disorder		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	clonazepam Tablet	06/30/2016 13:48	0.5 mg Orally at bedtime x 30 day(s) Pill Line Only -- Give with 1.5 mg for a total of 2 mg Klonopin HS.
	Discontinue Type: Immediate		
	Discontinue Reason: new order written		
	Indication:		
432503-ALX	clonazepam 0.5 MG Tab UD	06/30/2016 13:48	Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***crush/empty***
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: new order written		
	Indication:		

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/30/2016 13:48	Provider:	Sharretts, Ray DO
		Facility:	ALP
		Unit:	Z04

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
432504-ALX	clonazePAM 1 MG Tab UD	06/30/2016 13:48	Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp
	Discontinue Type: <i>Immediate</i>		
	Discontinue Reason: <i>new order written</i>		
	Indication:		

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Sharretts, Ray DO on 06/30/2016 13:54
 Requested to be cosigned by Santos, Elizabete DO FACP, Clinical Director.
 Cosign documentation will be displayed on the following page.
 Requested to be reviewed by Handel, Alysia Psy.D..
 Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/30/2016 13:48	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 06/30/2016 14:05.

Ex. 3, Attach. A, p. 62

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/30/2016 13:48	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Reviewed by Handel, Alysia Psy.D. on 07/05/2016 10:13.

Ex. 3, Attach. A, p. 63

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/30/2016 11:19	Provider: Sharretts, Ray DO	Unit: Z04

Admin Note - Orders encounter performed at Telehealth.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Sharretts, Ray DO

Have had several communications from Dr. Handel, Inmate Pinson's primary therapist expressing concern that Pinson is experiencing panic attacks, increased generalized anxiety, agitation, and insomnia. Pinson requesting more medication for sleep, will increase Klonopin HS due to inmates high level of distress and response to benzos in the past with less self harm and anxiolytic effects.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	clonazepam Tablet	06/30/2016 11:19	0.5 mg Orally at bedtime x 30 day(s) Pill Line Only -- Give with 1.5 mg for a total of 2 mg Klonopin HS.

Indication: Transgender, validated male to female

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Sharretts, Ray DO on 06/30/2016 11:25

Requested to be cosigned by Santos, Elizabete DO FACP, Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Handel, Alysia Psy.D..

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/30/2016 11:19	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 06/30/2016 14:06.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/30/2016 11:19	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Reviewed by Handel, Alysia Psy.D. on 07/05/2016 10:12.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 06/22/2016 08:58

Sex: M Race: WHITE

Provider: Derose, David OD

Reg #: 16267-064

Facility: ALP

Unit: Z04

Optometry - Optometry Exam encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Derose, David OD**Chief Complaint:** Eyes/Vision Problems**Subjective:** HTN dilated fundus exam
Routine Eye Exam**Pain:** No**Vision Screen on 06/22/2016 08:57**

Blindness:

Distance Vision: OD: 20/30

OS: 20/30

OU: 20/30

Near Vision: OD: 20/30

OS: 20/30

OU: 20/30

With Corrective

Distance Vision: OD: 20/20

OS: 20/20

OU: 20/20

Near Vision: OD: 20/20

OS: 20/20

OU: 20/20

Present Glasses - Distance

Refraction - Distance

Sphere Cylinder Axis Add

Sphere Cylinder Axis Add

R:

R: -1.25 180

L:

L: -1.25 180

Color Test:

Tonometry: L: 16 R: 16

Comments: 1% tropicamide drops given

OD CD 3/3

OS CD 3/3

No HTN retinopathy

OBJECTIVE:**Exam:****Eyes****General**

Yes: PERRLA

Color Vision

Yes: Within Normal Limits

Eye Tests

Yes: Cover-Uncover Test Normal

Ex. 3, Attach. A, p. 67

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/22/2016 08:58

Provider: Derose, David OD

Unit: Z04

Exam:**Visual Fields**

Yes: Normal Fields

Slit Lamp

Yes: Normal Exam, Intraocular Pressure Normal

Periorbital/Orbital/Lids

Yes: Normal Appearing

Eyebrows

Yes: Normal Appearing

Conjunctiva and Sclera

Yes: Within Normal Limits

Cornea and Lens

Yes: Normal Appearing

Iris

Yes: Normal Appearing

Pupils

Yes: Normal Appearing

Fundus Exam

Yes: Grossly Normal Retina

ASSESSMENT:

Regular astigmatism, 367.21 - Current

PLAN:**Disposition:**

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
06/22/2016	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Derose, David

<u>Outcome</u>
Verbalizes Understanding

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/22/2016 08:58

Provider: Derose, David OD

Unit: Z04

Spec Rx: Completed on 06/22/2016 09:02

Cylinder Right: -1.25

Cylinder Left: -1.25

Axis Right: 180

Axis Left: 180

Pupillary Width Distance Right: 33

Pupillary Width Distance Left: 33

Frame Material: Plastic

Frame Style: ntc1

Frame Color: bl

Eye Size: 54

Bridge Size: 17

Temple Length and Style: 145

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Derose, David OD on 06/22/2016 09:08

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/22/2016 08:58	Provider:	Derosé, David OD
		Race:	WHITE
		Facility:	ALP

Reviewed by Craig, Charles PA-C on 06/22/2016 11:35.

Ex. 3, Attach. A, p. 70

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/22/2016 08:58	Provider:	Derosé, David OD
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 06/22/2016 13:26.

Ex. 3, Attach. A, p. 71

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/21/2016 11:05	Provider: Craig, Charles PA-C	Unit: Z04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Craig, Charles PA-C

In-house urology evaluation 6/17/16. S/P surgery to remove foreign body from scrotum. Incision left open.

A: 1. S/P foreign body removal from scrotum.

2. left testalgia without physical exam evidence of any abnormality.

P: Scrotal US.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Specialty Procedure - In house	07/22/2016	07/22/2016	Routine	No	

Subtype:

Ultrasound Technician

Reason for Request:

in-house us

Provisional Diagnosis:

In-house urology evaluation 6/17/16. S/P surgery to remove foreign body from scrotum. Incision left open.

A: 1. S/P foreign body removal from scrotum.

2. left testalgia without physical exam evidence of any abnormality.

P: Scrotal US.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 06/21/2016 11:09

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/20/2016 10:06	Facility:	ALP
		Unit:	Z04
		Provider:	Martinez, Andrea RN

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Martinez, Andrea RN

Inmate received HIV results and counseling

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Martinez, Andrea RN on 06/20/2016 10:07

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/17/2016 14:13	Provider: Buschman, Brian MD	Unit: Z04

Admin Note - Medication Reconciliation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Buschman, Brian MD

Reviewed notes from Dr. Santos and discussed case with her. Will authorize T3 through the weekend to cover pain and to help prevent a decompensation in mental health status through the weekend.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Acetaminophen/Codeine 300/30 MG Tablets	06/17/2016 14:13	2 tabs Orally - Two Times a Day PRN x 3 day(s) Pill Line Only

Indication: Foreign body in genitourinary tract

Start Now: Yes

Night Stock Rx#:

Source: Pyxis

Admin Method: Pill Line

Stop Date: 06/20/2016 14:12

MAR Label: 2 tabs Orally - Two Times a Day PRN x 3 day(s) Pill Line Only

One Time Dose Given: No

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 06/17/2016 14:17

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 06/17/2016 12:25

Sex: M Race: WHITE

Provider: Santos, Elizabete DO

Reg #: 16267-064

Facility: ALP

Unit: Z04

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Santos, Elizabete DO FACP, Clinical**Chief Complaint:** Other Problem**Subjective:** I saw patient briefly today. This was not a medical evaluation, but rather a follow up to go over the following issues:

1. Recent Labs drawn on 6/14 revealed: Testosterone 966, and Estradiol 83.6-Patient is agreeable to have medication adjusted accordingly. Will add Finasteride.

2. Scrotal Pain: Was seen by Urology today for follow up of recent insertion of pencil into the scrotal sac. Claiming continued ongoing pain of the scrotal area, and requesting a few days of Tylenol #3. Inmate was told, that this information would be relayed to Dr. Buschman, who manages all Primary Care Issues, including pain management. Patient requested to either have Lyrica increased, or go back on Gabapentin.

3. Facial Hair: has become a bigger problem. Since patient's recent episodes of self mutilation to include cutting, and insertion of foreign material into the scrotum, she has been on Razor restriction (understandably so). Patient points out, that at my last note, I recommended she shave "twice daily as needed". I reminded the patient that I wrote that recommendation during my initial evaluation, when she was expected to be released to General population, and could in fact shave twice daily as needed. I reminded the patient that while, facial hair and her appearance is a crucial aspect of her treatment, preserving her life takes precedence; handing her razors at this time would be unsafe.

I also told the patient I thought it would be reasonable to have her shave under direct supervision of a staff member. I told the patient I would also request that she be allowed to purchase foundation (even while in SHU) as part of her treatment. I discussed these requests (recommendations) with the AW.

Pain: Yes**Pain Assessment****Date:** 06/17/2016 12:36**Location:** Genitalia**Quality of Pain:** Aching**Pain Scale:** 6**Intervention:** recommendation for Tylenol #3 for 2-3 days-relayed to Dr. Buschman**Trauma Date/Year:****Injury:****Mechanism:****Onset:** 1-2 Weeks**Duration:** 1-2 Weeks**Exacerbating Factors:** "comes and goes"**Relieving Factors:** pain medication**Comments:****Ex. 3, Attach. A, p. 75**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/17/2016 12:25

Provider: Santos, Elizabete DO

Unit: Z04

OBJECTIVE:**Exam Comments**

No physical exam performed today.

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current - Hx: Started Estradiol in December 2015
 Started on Progesterone in January 2016, switched to Spironolactone in March 2016

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Estradiol Tablet	06/17/2016 12:25	3 mg Orally - Two Times a Day x 180 day(s)
	Indication: Transgender, validated male to female		
	Spironolactone Oral Tablet	06/17/2016 12:25	50 mg Orally - Two Times a Day x 180 day(s)
	Indication: Transgender, validated male to female		
	Finasteride Tablet (Propecia)	06/17/2016 12:25	1 mg Orally - daily x 180 day(s)
	Indication: Transgender, validated male to female		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
425199-ALX	Estradiol 2 MG Tab	06/17/2016 12:25	Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: Order changed		
	Indication:		
424724-ALX	Spironolactone 25 MG Tab	06/17/2016 12:25	Take one tablet by mouth two times a day ***pill line*** **Do Not Crush*** **pill line***
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: Order changed		
	Indication:		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-E-Estradiol	One Time	08/08/2016 00:00	Routine
Lab Tests - Short List-General-CBC w/diff			
Lab Tests-T-Testosterone, Total			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			
Lab Tests - Short List-General-Potassium	Recurring	06/21/2016 00:00	Routine

Ex. 3, Attach. A, p. 76

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/17/2016 12:25

Provider: Santos, Elizabete DO

Unit: Z04

Lab Tests - Short List-General-Potassium

Recurring

06/28/2016 00:00

Routine

Lab Tests - Short List-General-Potassium

Recurring

07/05/2016 00:00

Routine

Lab Tests - Short List-General-Potassium

Recurring

07/12/2016 00:00

Routine

Disposition:

Follow-up at Chronic Care Clinic as Needed

Other:

Ordered labs for first week of August. F/U with clinician in mid August.

Patient Education Topics:Date Initiated Format

06/17/2016 Counseling

Handout/Topic

New Medication

Provider

Santos, Elizabete

OutcomeVerbalizes
Understanding**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Santos, Elizabete DO FACP, Clinical Director on 06/17/2016 12:59

Ex. 3, Attach. A, p. 77

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/17/2016 10:39	Facility:	ALP
		Provider:	Martinez, Andrea RN
		Unit:	Z04

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Martinez, Andrea RN

Inmate seen by in-house urology clinic. Notes will be forwarded to proper provider.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Martinez, Andrea RN on 06/17/2016 10:40

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 06/14/2016 10:06

Sex: M Race: WHITE

Provider: Buschman, Brian MD

Reg #: 16267-064

Facility: ALP

Unit: Z04

Physician - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Buschman, Brian MD**Chief Complaint:** Skin Problem

Subjective: While I was in SHU this patient advised me of a possible concern with infection "at the surgical site." While Pinson's cellmate was away from the cell I went to the cell to examine for possible infection around the penis and scrotum. I offered to view in the cell but the patient advised they would rather show me through the food slot than having to be cuffed for me to be on the same side of the door. I noted skin irritation on the glans of the penis and no erythema, redness or drainage around the surgical site on the scrotum. Pinson is taking Bactrim for post op prevention but due to skin irritation I am going to prescribe antibiotic ointment to protect skin from breakdown while all is healing to prevent penis infection. burning 3/10, no radiation. No actual infection noted. No isolation needed.

Pain: Not Applicable

OBJECTIVE:**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
06/07/2016	15:13 ALX	98.4	36.9		Leshner, Michael EMT-P

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/07/2016	15:13 ALX	84			Leshner, Michael EMT-P
06/07/2016	12:05 ALX	118	Via Machine		Camp, Stevie RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/07/2016	15:13 ALX	16	Leshner, Michael EMT-P
06/07/2016	12:05 ALX	18	Camp, Stevie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/07/2016	15:13 ALX	124/84				Leshner, Michael EMT-P
06/07/2016	12:05 ALX	117/85	Right Arm	Standing	Adult-large	Camp, Stevie RN

SaO2:

Date	Time	Value(%)	Air	Provider
06/07/2016	12:05 ALX	99	Room Air	Camp, Stevie RN

Exam Comments

as above

ASSESSMENT:

History of other injury, V15.59 - Current

Foreign body in genitourinary tract, T199XXS - Current

Ex. 3, Attach. A, p. 79

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/14/2016 10:06

Provider: Buschman, Brian MD

Unit: Z04

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Bacitracin/Polymyxin B ointment	06/14/2016 10:06	to penis Topically - Two Times a Day x 5 day(s)

Indication: Foreign body in genitourinary tract**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/14/2016	Counseling	Access to Care	Buschman, Brian	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Buschman, Brian MD on 06/14/2016 12:07

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/09/2016 12:54	Facility:	ALP
		Provider:	Wirth, Chelsey Medical
		Unit:	Z04

Admin Note - Release of Information encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Wirth, Chelsey Medical Office Assistant
Copied 240 pages of records from 02-07-2016 to 05-24-2016. No HIV results included

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Wirth, Chelsey Medical Office Assistant on 06/09/2016 12:56

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Leshner, Michael EMT-P	Facility: ALP
Encounter Date: 06/07/2016 15:11		Unit: Z04

EMT/Para - Restraint Check encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Leshner, Michael EMT-P

Chief Complaint: No Complaint(s)

Subjective: Restraint Check: Second restraint check of the dayshift. Inmate offering no complaints at this time. Remains in a cell with potable water and a working toilet. States no new injuries. The prior injuries to the right finger remains wrapped with gauze. No active bleeding noted.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/07/2016	15:13 ALX	98.4	36.9		Leshner, Michael EMT-P

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/07/2016	15:13 ALX	84			Leshner, Michael EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/07/2016	15:13 ALX	16	Leshner, Michael EMT-P

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/07/2016	15:13 ALX	124/84				Leshner, Michael EMT-P

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Exam Comments

AAOx3. No new injuries or illness reported. No signs of distal circulatory compromise. No swelling of the wrists or ankles from the restraints.

ASSESSMENT:

No Significant Findings/No Apparent Distress

Pt. remains in ambulatory restraints at this time. Inmate advised to stay compliant with all prescribed medications. To eat proper meals and to stay hydrated. Refrain from disruptive behaviors. Will reassess again per BOP policy.

PLAN:

Disposition:

Initiate Vital Signs Monitoring

Patient Education Topics:

Ex. 3, Attach. A, p. 82

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/07/2016 15:11

Provider: Leshner, Michael EMT-P

Unit: Z04

Date Initiated **Format**

06/07/2016 Counseling

Handout/Topic

Access to Care

Provider

Leshner, Michael

OutcomeVerbalizes
Understanding**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Leshner, Michael EMT-P on 06/07/2016 15:21

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/07/2016 15:11	Provider:	Leshner, Michael EMT-P
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 06/08/2016 11:11.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/07/2016 12:38	Provider:	Craig, Charles PA-C
		Facility:	ALP
		Unit:	Z04

Review Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Craig, Charles PA-C

Will need to obtain a 1 view ABD x-ray after he is out of restraints to assess for metallic foreign body.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-1 View	One Time		06/09/2016	Routine

Specific reason(s) for request (Complaints and findings):

Will need to obtain a 1 view ABD x-ray after he is out of restraints to assess for metallic foreign body.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 06/07/2016 12:39

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 06/07/2016 11:55

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:**INJURY 1** **Provider:** Camp, Stevie RN**Date of Injury:** 06/07/2016 11:00**Date Reported for Treatment:** 06/07/2016 12:05**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:****Pain Scale:** 0**Pain Qualities:****Where Did Injury Happen (Be specific as to location):**

back of the hospital in the fourth suicide cell

Cause of Injury (Inmate's Statement of how injury occurred):

Inmate broke of sprinkler head off

Symptoms (as reported by inmate):

Laceration to right first digit

Inmate states that she swallowed a 1 inch piece of metal that was approximately 0.5 inches thick

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/07/2016	12:05 ALX	118	Via Machine		Camp, Stevie RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/07/2016	12:05 ALX	18	Camp, Stevie RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/07/2016	12:05 ALX	117/85	Right Arm	Standing	Adult-large	Camp, Stevie RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/07/2016	12:05 ALX	99	Room Air	Camp, Stevie RN

Exam:**General****Affect**

Yes: Flat

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Acutely Ill

Skin**Trauma**

Yes: Laceration

Pulmonary**Ex. 3, Attach. A, p. 86**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/07/2016 11:55

Provider: Camp, Stevie RN

Unit: Z04

Exam:**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Cardiovascular**Observation**

Yes: Tachycardia

ROS Comments

Superficial 1 inch laceration to first digit to right hand. Minimal active bleeding present. Laceration covered with gauze.

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate was on suicide watch with a companion when she broke off the sprinkler head in her cell. Inmate eventually cuffed up and was removed from cell which was flooded with water. Inmate was placed in ambulatory restraints by correctional staff. Inmate had a piece of metal in her mouth that she gave to psychology staff. Inmate states that she swallowed a 1 inch piece of metal that was approximately 0.5 inches thick. Restraint check and medical assessment performed.

Inmate is currently in ambulatory restraints. Inmate verbalized that she swallowed a piece of metal and that she has a laceration to first digit on right hand. Inmate denies all other injuries and pain. The inmate was not exposed to OC gas during this incident.

Inmate is alert and oriented x 4, is in no apparent distress, and appears medically stable. Respirations are even and unlabored. Restraints do not compromise airway, breathing, or circulation. Pulses distal to restraints are intact. Vital signs are stable other than heart rate being slightly elevated; this is not an abnormal finding given the current situation. Skin is warm, dry, and normal for ethnicity. 1 inch superficial abrasion present to first digit to right hand. Minimal bleeding present; laceration covered with gauze. No other breaks in skin present at this time.

Inmate was transferred to a different cell where a toilet and cell are available.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/07/2016	Counseling	Other	Camp, Stevie	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Camp, Stevie RN on 06/07/2016 12:31

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 87

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/07/2016 11:55	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Reviewed with New Encounter Note by Craig, Charles PA-C on 06/07/2016 12:38.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/07/2016 11:55	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 06/08/2016 09:55.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Leshner, Michael EMT-P	Facility: ALP
Encounter Date: 06/06/2016 18:48		Unit: Z04

EMT/Para - Medical Trip Return encounter performed at Receiving & Discharge.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Leshner, Michael EMT-P

Chief Complaint: No Complaint(s)

Subjective: Inmate returned from the hospital with prescription for Bactrim DS. Inmate had no complaints at this time. Return paperwork forwarded to PCP.

Pain: No

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/06/2016	18:52 ALX	84			Leshner, Michael EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/06/2016	18:52 ALX	16	Leshner, Michael EMT-P

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Exam Comments

AAOx3. Pink warm dry skin. Pt. was quiet, non-talkative.

ASSESSMENT:

No Significant Findings/No Apparent Distress

Explained to this inmate the discharge instructions the hospital sent along with the officers. Inmate acknowledged he understood the current course of treatments and understood he would be receiving antibiotic therapy. No complaints offered. Inmate was placed in suicide watch.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 90

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/06/2016 18:48

Provider: Leshner, Michael EMT-P

Unit: Z04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	06/06/2016 18:48	1 tab Orally - Two Times a Day x 14 day(s)

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/06/2016	Counseling	Access to Care	Leshner, Michael	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Leshner, Michael EMT-P on 06/06/2016 19:00

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/06/2016 18:48	Provider:	Leshner, Michael EMT-P
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 06/07/2016 11:26.

Screenings have been acknowledged.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/06/2016 13:42	Provider: White, Stacy LCSW	Unit: Z04

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: White, Stacy LCSW

Inmate Name/Registration Number: Pinson, Jeremy #16267-064

Institution: USP Allenwood

Housed: SHU

Admission Date/Time: 6/5/2016 @ 2323

Name of Hospital: Geisinger Medical Center

Current Medical Diagnosis: treatment and evaluation of self mutilation

Current Medical Status/Course of Treatment:

as per USP Officer: pt. in holding pattern in ER; CAT scan located 3-4 pencils and an unknown item that has not been removed yet; item removed from scrotum

Anticipated Length of Hospital Stay/Discharge Planning:

as per USP Officer: possible D/C this afternoon or tonight pending success of removal of final object

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by White, Stacy LCSW on 06/06/2016 13:42

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/06/2016 13:42	Race:	WHITE
		Provider:	White, Stacy LCSW
		Facility:	ALP

Reviewed by Craig, Charles PA-C on 06/07/2016 06:50.

Ex. 3, Attach. A, p. 94

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/06/2016 13:42	Race:	WHITE
		Provider:	White, Stacy LCSW
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 06/07/2016 09:23.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 06/06/2016 11:41	Provider: Buschman, Brian MD	Unit: Z04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

renew meds

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
429998-ALX	clonazepam 0.5 MG Tab UD	06/06/2016 11:41	Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty*** x 30 day(s) Pill Line Only -- NFR renewal submitted
	Indication: Unspecified Anxiety Disorder		
429997-ALX	clonazepam 1 MG Tab UD	06/06/2016 11:41	Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 x 30 day(s) Pill Line Only -- NFR renewal submitted
	Indication: Transgender, validated male to female, Borderline personality disorder		
428839-ALX	Pregabalin 100 MG Cap UD	06/06/2016 11:41	Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 x 30 day(s) Pill Line Only
	Indication: Other specified idiopathic peripheral neuropathy		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 06/06/2016 11:47

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/06/2016 09:20	Facility:	ALP
		Unit:	Z04
		Provider:	Buschman, Brian MD

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

I just reviewed Pinson's chart in the GMC computer system and noted that urology removed all metallic FBs from the scrotum and requested wound recheck in 2-3 days. That can be done by prison medical staff.

He was evaluated and this AM is heading to the GI lab for EGD to remove FBs from the stomach. The ER doc has cleared this patient to be discharged after EGD.

I just called and spoke with the GI office who will pass on my contact number to Dr. Kim, GI fellow on his case, to contact me with any complications or concerns and I can discuss my ability to take over care of this patient.

I reviewed the CT report and noted the various FBs in the stomach and jejunum. Patients reports swallowing 100 tablets. That large of a pill burden would likely still show up on this CT but is not reported. If they were truly all absorbed by this point then any effects should already be showing up on the lab reports. It is possible this patient did not swallow the number of pills reported.

I have discussed his case with ALP's chief of psychology and CL3 psychologist.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 06/06/2016 09:25

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Martinez, Andrea RN	Facility: ALP
Encounter Date: 06/05/2016 21:40		Unit: Z04

Injury Assessment - Non-work related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 **Provider:** Martinez, Andrea RN

Date of Injury: 06/05/2016 21:40 **Date Reported for Treatment:** 06/05/2016 21:40

Work Related: No **Work Assignment:** UNASSG SHU

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):
 Inmates SHU cell Z04-232LAD

Cause of Injury (Inmate's Statement of how injury occurred):
 self inflicted

Symptoms (as reported by inmate):
 bleeding

ROS:

Nursing Exam

Fall Risk (Morse Scale)

Yes: Gait/Transferring (Normal/bedrest/immobile=0), Mental Status (Oriented to own abil=0), No Risk: 0-24

No: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid (None/bedrest/wc/nurse=0, IV/Heparin lock (No=0)

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/05/2016	21:40 ALX	98.3	36.8	Oral	Martinez, Andrea RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/05/2016	21:40 ALX	91	Via Machine		Martinez, Andrea RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/05/2016	21:40 ALX	18	Martinez, Andrea RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/05/2016	21:40 ALX	105/71	Right Arm	Sitting		Martinez, Andrea RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/05/2016	21:40 ALX	100	Room Air	Martinez, Andrea RN

ASSESSMENT:

Initial assessment

Inmate seen in SHU after officer witnessed inmate swallow a pencil. Inmate was brought into the medical room in SHU

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/05/2016 21:40

Provider: Martinez, Andrea RN

Unit: Z04

for further assessment. Inmate is known to Health Services and is being treated medically as a transgender.

Inmate states that she is unhappy with her body and hates her testicles. Inmate states that she cut the stitches out of the scrotum and inserted 4-5 metal springs. Inmate states that she then swallowed 100 blue pills that were purchased from another inmate with the sole intention of killing herself. The inmate states that she also swallowed 3.5 pencils, 4 metal springs bought from other inmates (removed from inhalers), and the handle of one spoon with the round part snapped off. Inmate stated that if the overdose did not kill her, then hopefully one of the swallowed objects would become lodged in the colon and that would kill her. Inmate states that she wanted to remove the stitches from her left arm but did not have anything sharp left to cut them out with. Inmate states that although she wanted to die, she is no longer having thoughts of hurting herself.

The scrotum was inspected and there was a visible silver spring sticking out of the incision site. The spring was able to be removed. This nurse could not see any other objects protruding from the incision site and could not feel any other hard objects in the scrotum. The left arm incision site had some dried blood on it but was otherwise stable. Vital signs taken and WNL. Inmate did not have any complaints of pain.

Dr. Buschman called and discussion held concerning the inmate's medical status. Decision was made to send the inmate to the outside hospital by government vehicle for further follow up.

PLAN:**Disposition:**

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/05/2016	Counseling	Plan of Care	Martinez, Andrea	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Martinez, Andrea RN on 06/05/2016 22:48

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	06/05/2016 21:40	Provider:	Martinez, Andrea RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 06/06/2016 08:37.

Ex. 3, Attach. A, p. 100

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/03/2016 10:13	Provider:	Camp, Stevie RN
		Facility:	ALP
		Unit:	Z04

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Camp, Stevie RN

Rescheduling suture removal for 6/6/16 so sutures will be in place for 10 days.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Suture Removal	One Time		Remove sutures and staples on 6/6/16.	Camp, Stevie RN

Discontinued Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Suture Removal	One Time		6/3/16 to 6/6/16	Craig, Charles PA-C

Discontinue Reason: *Renewed*

Order Date: 06/01/2016

End Date: 06/03/2016

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Camp, Stevie RN on 06/03/2016 10:18

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Craig, Charles PA-C	Facility: ALP
Encounter Date: 06/01/2016 13:12		Unit: Z04

Mid Level Provider - Sick Call Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Craig, Charles PA-C

Chief Complaint: Other Problem

Subjective: Reporting that he is getting bleeding from one of the incisions in his scrotum where the FB was removed. Stitches came out.

Pain: No

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Genitourinary

Scrotum

No: Within Normal Limits

Exam Comments

Inferior scrotum area approx. 1cm that is open. No active bleeding, but blood present on shorts. Area cleaned and dermabond used to approximate the wound edges.

ASSESSMENT:

Foreign body in genitourinary tract, T199XXS - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Watch area for signs of infection.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/01/2016	Counseling	Plan of Care	Craig, Charles	Verbalizes Understanding

Ex. 3, Attach. A, p. 102

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 06/01/2016 13:12

Provider: Craig, Charles PA-C

Unit: Z04

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 06/01/2016 13:16

Ex. 3, Attach. A, p. 103

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	06/01/2016 07:45	Provider:	Craig, Charles PA-C
		Facility:	ALP
		Unit:	Z04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Craig, Charles PA-C

Will need stitches removed.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Suture Removal	One Time		6/3/16 to 6/6/16	Craig, Charles PA-C

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 06/01/2016 07:47

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 05/26/2016 12:29	Provider: Craig, Charles PA-C	Unit: Z04

Admin Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Craig, Charles PA-C

Inmate returned from Evangelical Hospital S/P surgical removal of FB in scrotum. Rec for meds and follow up with urology in 1-2 weeks.
Will have him seen by urology in-house for follow up apt.

ASSESSMENTS:

Foreign body in genitourinary tract, T199XXS - Current

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Cephalexin Capsule	05/26/2016 12:29	500mg Orally - three times a day x 7 day(s)
	Indication: Foreign body in genitourinary tract		
	Acetaminophen/Codeine 300/30 MG Tablets	05/26/2016 12:29	two tabs Orally - Two Times a Day x 3 day(s) Pill Line Only
	Indication: Foreign body in genitourinary tract		

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Urology	06/17/2016	06/17/2016	Routine	No	

Subtype:

Urology In-House exam

Reason for Request:

In-house urology

Provisional Diagnosis:

In-house urology follow up. Inmate returned from Evangelical Hospital S/P surgical removal of FB in scrotum. Rec for meds and follow up with urology in 1-2 weeks.
Will have him seen by urology in-house for follow up apt.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	05/27/2016 00:00	MLP 01
S/P surgery for eval.		

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
		Race:	WHITE
Note Date:	05/26/2016 12:29	Facility:	ALP
		Provider:	Craig, Charles PA-C
		Unit:	Z04

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Buschman, Brian MD
Telephone or Verbal order read back and verified.

Completed by Craig, Charles PA-C on 05/26/2016 12:47
Requested to be cosigned by Buschman, Brian MD.
Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/26/2016 12:29	Provider:	Craig, Charles PA-C
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 05/26/2016 14:06.

Screenings have been acknowledged.

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Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN	Sex: M Race: WHITE	Reg #: 16267-064
Date of Birth: [REDACTED]	Provider: Rishel, Richard NRP	Facility: ALP
Encounter Date: 05/25/2016 21:56		Unit: Z04

EMT/Para - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Rishel, Richard NRP

Chief Complaint: Nausea/Vomiting

Subjective: Inmate returns from the outside hospital, Evangelical Community Hospital. Upon inmates return, inmate has nausea/vomiting. Inmate complains of the nausea/vomiting. Inmate also complains he did not receive his pm medication. Inmate denies headache, dizziness, weakness, chest pain, shortness of breath, or diarrhea.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/25/2016	21:50 ALX	98.2	36.8	Oral	Rishel, Richard NRP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/25/2016	21:50 ALX	98	Via Machine	Irregular	Rishel, Richard NRP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/25/2016	21:50 ALX	16	Rishel, Richard NRP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/25/2016	21:50 ALX	124/82	Left Arm	Sitting	Adult-large	Rishel, Richard NRP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/25/2016	21:50 ALX	98	Room Air	Rishel, Richard NRP

Exam Comments

Inmate returns from Evangelical Community Hospital, is placed on suicide watch in the back of HSU. Hospital order sheet for inmate placed in PA-C Craig's mailbox.

Inmate appears to be in minor distress due to active vomiting and inmate complaining of nausea. Inmate ambulates unassisted. Inmate is conscious, alert, and oriented to person, place, time, and events. Airway patent, no respiratory distress, no accessory muscle use visible, speaking in full sentences. Inmate has staples in head, no active bleeding or drainage, bandage on left antecubical fossa and left lower extremity, bandages are dry. Inmate had a paperclip removed from his scrotum earlier this date. Pupils PERRL. No JVD, trachea midline. Chest has equal expansion bilaterally. Inmate moves all extremities with purpose and on command. Radial pulses are present and equal bilaterally.

PA Holtzaple is contacted, advised of conditions, orders are given for inmate to have his pm medications and for inmate to receive 25 mg of Phenergan IM. Orders are repeated and confirmed.

Inmate receives 25 mg of Phenergan IM and his pm medications. Custody is giving inmate a dinner tray. Inmate is left in his cell on suicide watch. Water, toilet, and shower are available.

Comments

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has

Ex. 3, Attach. A, p. 108

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 21:56

Provider: Rishel, Richard NRP

Unit: Z04

no history of falls less than 3 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

ASSESSMENT:

Other

Nausea/vomiting

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Promethazine Injection	05/25/2016 21:56	25 mg Intramuscularly Deltoid, Left One Time Dose Given PRN x 0 day(s) Pill Line Only

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Pill Line**Stop Date:** 05/25/2016 21:55**MAR Label:** 25 mg Intramuscularly Deltoid, Left One Time Dose Given PRN x 0 day(s) Pill Line Only**One Time Dose Given:** Given Now**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/25/2016	Counseling	Access to Care	Rishel, Richard	Verbalizes Understanding

Copay Required: Yes**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Buschman, Brian MD**Telephone or Verbal order read back and verified.**

Completed by Rishel, Richard NRP on 05/25/2016 22:07

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 21:56	Provider:	Rishel, Richard NRP
		Race:	WHITE
		Facility:	ALP

Reviewed by Craig, Charles PA-C on 05/26/2016 06:23.

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Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 21:56	Provider:	Rishel, Richard NRP
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 05/26/2016 10:14.

Ex. 3, Attach. A, p. 111

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	05/25/2016 13:38	Facility:	ALP
		Provider:	Craig, Charles PA-C
		Unit:	Z04

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Craig, Charles PA-C

Staples x 4 in scalp. Sutures in left AC and left lower ext. Sterile technique. No complications. Anesthesia with 1% lidocaine with epi. Area covered with dressing. Inmate will be referred to ER for evaluation of FB in scrotum and multidrug od.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 05/25/2016 13:43

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 05/25/2016 14:12

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:**INJURY 1** **Provider:** Camp, Stevie RN**Date of Injury:** 05/25/2016 12:15**Date Reported for Treatment:** 05/25/2016 13:00**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:** Multiple Locations**Pain Scale:** 4**Pain Qualities:** Aching**Where Did Injury Happen (Be specific as to location):**

SHU cell: Z04-229

Cause of Injury (Inmate's Statement of how injury occurred):

"I attempted suicide."

Symptoms (as reported by inmate):

Pain to "stomach, head, leg, arm"

OBJECTIVE:**Exam:****General****Affect**

Yes: Flat

No: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Acutely Ill

Skin**Trauma**

Yes: Laceration

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Cardiovascular**Observation**

Yes: Tachycardia

ROS Comments

Multiple lacerations present:

1" laceration to crown of head- laceration cleaned. 4 staples applied by PA. No active bleeding present.

1" superficial laceration to right side of head-laceration cleaned. No active bleeding present.

2" laceration to left lower leg- laceration cleaned. 6 sutures applied by PA. No active bleeding present.

3 cm laceration to left AC- laceration cleaned. 4 sutures applied by PA. No active bleeding present.

1.5 cm laceration to scrotum- inmate states he has "two paperclips and two razors" inside scrotum. No active bleeding present.

Ex. 3, Attach. A, p. 113

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 14:12

Provider: Camp, Stevie RN

Unit: Z04

Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range." Inmate's cellmate stated that he did not observe inmate Pinson taking any medications.

ASSESSMENT:

Laceration(s)

Medical unit called to SHU. Inmate stated, "I attempted suicide." Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range" and cut himself multiple times. Inmate's cellmate stated that he did not observe inmate Pinson taking any medications. Inmate transferred to health services unit. Medical team and psychology at bedside treating inmate.

Inmate is alert and oriented x 4 and is in no apparent distress. Respirations are even and unlabored. Multiple lacerations present. Inmate verbalized consent for sutures and staple placement. PA placed staples to crown of head and sutures to left lower leg and left AC. Inmate tolerated well. EKG performed. HR is elevated. BP within normal limits. 18 g PIV started to right AC by medic. Inmate tolerated well.

Inmate is to be transferred to local ER via EMS for further evaluation due to foreign body in scrotum. EMS assumed care at 1410.

PLAN:**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Camp, Stevie RN on 05/25/2016 14:14

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 05/25/2016 13:00

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:**INJURY 1** **Provider:** Camp, Stevie RN**Date of Injury:** 05/25/2016 12:15**Date Reported for Treatment:** 05/25/2016 13:00**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:** Multiple Locations**Pain Scale:** 4**Pain Qualities:** Aching**Where Did Injury Happen (Be specific as to location):**

SHU cell: Z04-229

Cause of Injury (Inmate's Statement of how injury occurred):

"I attempted suicide."

Symptoms (as reported by inmate):

Pain to "stomach, head, leg, arm"

OBJECTIVE:**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/25/2016	13:26 ALX	127	Via Machine		Camp, Stevie RN
05/25/2016	12:45 ALX	118	Via Machine		Camp, Stevie RN

Respirations:

Date	Time	Rate Per Minute	Provider
05/25/2016	13:26 ALX	18	Camp, Stevie RN
05/25/2016	12:45 ALX	18	Camp, Stevie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/25/2016	13:26 ALX	134/77	Left Arm	Lying	Adult-large	Camp, Stevie RN
05/25/2016	12:45 ALX	124/80	Right Arm	Sitting	Adult-regular	Camp, Stevie RN

Exam:**General****Affect**

Yes: Flat

No: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Acutely Ill

Skin**Trauma**

Yes: Laceration

Pulmonary**Ex. 3, Attach. A, p. 115**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 13:00

Provider: Camp, Stevie RN

Unit: Z04

Exam:**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Cardiovascular**Observation**

Yes: Tachycardia

ROS Comments

Multiple lacerations present:

1" laceration to crown of head- laceration cleaned. 3 staples applied by PA. No active bleeding present.

1" superficial laceration to right side of head-laceration cleaned. No active bleeding present.

2" laceration to left lower leg- laceration cleaned. 6 sutures applied by PA. No active bleeding present.

3 cm laceration to left AC- laceration cleaned. 4 sutures applied by PA. No active bleeding present.

1.5 cm laceration to scrotum- inmate states he has "two paperclips and two razors" inside scrotum. No active bleeding present.

Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range." Inmate's cellmate stated that he did not observe inmate Pinson taking any medications.

ASSESSMENT:

Laceration(s)

Medical unit called to SHU. Inmate stated, "I attempted suicide." Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range" and cut himself multiple times. Inmate's cellmate stated that he did not observe inmate Pinson taking any medications. Inmate transferred to health services unit. Medical team and psychology at bedside treating inmate.

Inmate is alert and oriented x 4 and is in no apparent distress. Respirations are even and unlabored. Multiple lacerations present. Inmate verbalized consent for sutures and staple placement. PA placed staples to crown of head and sutures to left lower leg and left AC. Inmate tolerated well. EKG performed. HR is elevated. BP within normal limits.

Inmate is to be transferred to local ER via EMS for further evaluation due to foreign body in scrotum.

PLAN:**Disposition:**

Transfer to Local Hospital

Patient Education Topics:

Date Initiated **Format**
05/25/2016 Counseling

Handout/Topic
Plan of Care

Provider
Camp, Stevie

Outcome
No Participation

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 13:00

Provider: Camp, Stevie RN

Unit: Z04

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Camp, Stevie RN on 05/25/2016 13:33

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

See Amendment

Ex. 3, Attach. A, p. 117

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 13:00	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Reviewed with New Encounter Note by Craig, Charles PA-C on 05/25/2016 13:38.

See Amendment

Ex. 3, Attach. A, p. 118

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 14:12	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 05/25/2016 14:26.

Ex. 3, Attach. A, p. 119

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 14:12	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Reviewed by Craig, Charles PA-C on 05/26/2016 06:23.

Ex. 3, Attach. A, p. 120

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 05/25/2016 13:00

Sex: M Race: WHITE

Provider: Camp, Stevie RN

Reg #: 16267-064

Facility: ALP

Unit: Z04

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:**INJURY 1** **Provider:** Camp, Stevie RN**Date of Injury:** 05/25/2016 12:15**Date Reported for Treatment:** 05/25/2016 13:00**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:** Multiple Locations**Pain Scale:** 4**Pain Qualities:** Aching**Where Did Injury Happen (Be specific as to location):**

SHU cell: Z04-229

Cause of Injury (Inmate's Statement of how injury occurred):

"I attempted suicide."

Symptoms (as reported by inmate):

Pain to "stomach, head, leg, arm"

OBJECTIVE:**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/25/2016	13:26 ALX	127	Via Machine		Camp, Stevie RN
05/25/2016	12:45 ALX	118	Via Machine		Camp, Stevie RN

Respirations:

Date	Time	Rate Per Minute	Provider
05/25/2016	13:26 ALX	18	Camp, Stevie RN
05/25/2016	12:45 ALX	18	Camp, Stevie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/25/2016	13:26 ALX	134/77	Left Arm	Lying	Adult-large	Camp, Stevie RN
05/25/2016	12:45 ALX	124/80	Right Arm	Sitting	Adult-regular	Camp, Stevie RN

Exam:**General****Affect**

Yes: Flat

No: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Acutely Ill

Skin**Trauma**

Yes: Laceration

Pulmonary**Ex. 3, Attach. A, p. 121**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 13:00

Provider: Camp, Stevie RN

Unit: Z04

Exam:**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Cardiovascular**Observation**

Yes: Tachycardia

ROS Comments

Multiple lacerations present:

1" laceration to crown of head- laceration cleaned. 3 staples applied by PA. No active bleeding present.

1" superficial laceration to right side of head-laceration cleaned. No active bleeding present.

2" laceration to left lower leg- laceration cleaned. 6 sutures applied by PA. No active bleeding present.

3 cm laceration to left AC- laceration cleaned. 4 sutures applied by PA. No active bleeding present.

1.5 cm laceration to scrotum- inmate states he has "two paperclips and two razors" inside scrotum. No active bleeding present.

Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range." Inmate's cellmate stated that he did not observe inmate Pinson taking any medications.

ASSESSMENT:

Laceration(s)

Medical unit called to SHU. Inmate stated, "I attempted suicide." Inmate verbalized that he swallowed approximately "60 pills" of whatever he could "fish off the range" and cut himself multiple times. Inmate's cellmate stated that he did not observe inmate Pinson taking any medications. Inmate transferred to health services unit. Medical team and psychology at bedside treating inmate.

Inmate is alert and oriented x 4 and is in no apparent distress. Respirations are even and unlabored. Multiple lacerations present. Inmate verbalized consent for sutures and staple placement. PA placed staples to crown of head and sutures to left lower leg and left AC. Inmate tolerated well. EKG performed. HR is elevated. BP within normal limits.

Inmate is to be transferred to local ER via EMS for further evaluation due to foreign body in scrotum.

PLAN:**Disposition:**

Transfer to Local Hospital

Patient Education Topics:

Date Initiated **Format**
05/25/2016 Counseling

Handout/Topic
Plan of Care

Provider
Camp, Stevie

Outcome
No Participation

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/25/2016 13:00

Provider: Camp, Stevie RN

Unit: Z04

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Camp, Stevie RN on 05/25/2016 13:33

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Craig, Charles PA-C.

Review documentation will be displayed on the following page.

See Amendment

Ex. 3, Attach. A, p. 123

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 13:00	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Reviewed with New Encounter Note by Craig, Charles PA-C on 05/25/2016 13:38.

See Amendment

Ex. 3, Attach. A, p. 124

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 14:12	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Camp, Stevie RN on 05/25/2016 14:14.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/25/2016 13:00	Provider:	Camp, Stevie RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 05/25/2016 14:26.

Ex. 3, Attach. A, p. 126

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	05/25/2016 12:49	Provider:	Buschman, Brian MD
		Facility:	ALP
		Unit:	Z04

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Initial note for orders after being called into urgent care room and she advised she swallowed "about 60 pills" that she was able to get and some pieces of plastic about 30 minutes ago. Her only self carry meds are duloxetine, estradiol and MDIs. She advised they were not all her pills. Not her She also advises she inserted paper clips and razor blades into her scrotum. I have requested RN to attempt to lavage her stomach as best as possible with regular NGT and I have called collateral duty x-ray tech to complete below imaging.

Before completing this note and finalizing the x-ray orders the patient refused NGT and activated charcoal. The decision was made they would have to be sent out to community hospital especially given the EKG findings showing a rapidly changing EKG rate on the printed strip. He needs cardiac monitoring to the hospital and further workup. The imaging of the scrotum was delayed until transport to the ER.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 05/25/2016 14:46

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 05/18/2016 14:49

Sex: M Race: WHITE

Provider: Sharretts, Ray DO

Reg #: 16267-064

Facility: ALP

Unit: Z04

Psychiatry - Evaluation encounter performed at Telehealth.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Sharretts, Ray DO**Chief Complaint:** MENTAL HEALTH

Subjective: Contacted by Dr. Handel, inmate's primary therapist, regarding inmate's impulses to cut herself, inmate had a razor on her person, gave it to her therapist, inmate has a significant history of engaging in suicidal and self mutilating behaviors including, cutting her wrists, overdosing, attempted hanging, head banging, swallowing razors, and a myriad of other objects including an arm to her glasses causing a ruptured viscous resulting in a partial colectomy. She has been involved in dramatic presentations such as rupturing blood vessels in his nose to cause herself to bleed causing a dramatic cell scene, smearing feces, "painting" herself with feces and other behaviors when she is under stress. She has a hx of numerous transports to outside medical facilities and was evaluated by the undersigned in March 2016 and started on Klonopin 1 mg BID after a myriad of failed medication trials. Inmate currently is housed in SHU while a PREA investigation is taking place, inmate finds this very stressful to be back in SHU and reports "I am stressed from the SIS investigation and having mood swings." In light of this history, feel it is prudent to medicate inmate with an additional 0.5 mg of Klonopin BID for a total of Klonopin 1.5 mg BID. Dr. Handel and I will stay in communication regarding results.

Pain: No**OBJECTIVE:****ASSESSMENT:**

Borderline personality disorder, 301.83 - Resolved

Transgender, validated male to female, 302.5b - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	clonazepam Tablet	05/18/2016 14:49	1.5 mg Orally - Two Times a Day x 30 day(s) Pill Line Only

Indication: Transgender, validated male to female, Borderline personality disorder**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 128

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/18/2016 14:49

Provider: Sharretts, Ray DO

Unit: Z04

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
428837-ALX	clonazePAM 1 MG Tab UD	05/18/2016 14:49	Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16

Discontinue Type: Immediate**Discontinue Reason:** new order written**Indication:****Other:**

Will stay in touch with Dr. Handel, will be seen in telepsych clinic if needed. This is a situational stressor and hopefully placement in SHU will be temporary when PREA investigation is completed.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/18/2016	Not Done	Not present in SHU to do any counseling	Sharretts, Ray	Unable to Demonst

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Sharretts, Ray DO on 05/18/2016 15:13

Requested to be reviewed by Santos, Elizabete DO FACP, Clinical Director.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/18/2016 14:49	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Reviewed by Santos, Elizabete DO FACP, Clinical Director on 05/19/2016 08:59.

Ex. 3, Attach. A, p. 130

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 05/09/2016 15:40

Sex: M Race: WHITE

Provider: Waldman, J. RN

Reg #: 16267-064

Facility: ALP

Unit: Z01

Injury Assessment - Non-work related encounter performed at Other.

SUBJECTIVE:**INJURY 1** **Provider:** Waldman, J. RN**Date of Injury:** 05/09/2016 15:20**Date Reported for Treatment:** 05/09/2016 15:45**Work Related:** No**Work Assignment:** UNASSG SHU**Pain Location:****Pain Scale:** 0**Pain Qualities:****Where Did Injury Happen (Be specific as to location):**

No injury as per inmate.

Cause of Injury (Inmate's Statement of how injury occurred):

No injuries.

Symptoms (as reported by inmate):

No injuries.

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/09/2016	15:53 ALX	90	Radial		Waldman, J. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/09/2016	15:53 ALX	18	Waldman, J. RN

Exam:**Skin****Trauma**

No: Deformity, Swelling, Edema, Hematoma, Laceration, Abrasion, Puncture Wound, Ecchymosis, Burn

ROS Comments

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has no history of falls less than 3 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

ASSESSMENT:

No Significant Findings/No Apparent Distress

O: Called to lieutenants for an assessment on inmate Pinson due to investigation. Inmate states he has no injuries and does not appear to be in any distress at this time. Inmate's only concern is that he gets his medication delivered to him in SHU.

A: Inmate is a/o x 3, no c/o numbness or tingling, vitals are stable and inmate has no complaints. Head to toe assessment completed and no injuries noted. Inmate does have a sports bra on, which was not removed for the assessment. Inmate does state that he is fine and has no injuries or complaints at this time though. Assessment is WNL.

P: Follow up with medical if any issues arise.

Ex. 3, Attach. A, p. 131

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 05/09/2016 15:40

Provider: Waldman, J. RN

Unit: Z01

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/09/2016	Counseling	Access to Care	Waldman, J.	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Waldman, J. RN on 05/09/2016 15:58

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	05/09/2016 15:40	Provider:	Waldman, J. RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 05/11/2016 14:00.

Ex. 3, Attach. A, p. 133

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE
Note Date: 05/09/2016 12:03	Facility: ALP Unit: B01
Provider: Buschman, Brian MD	

Admin Note - Medication Reconciliation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Buschman, Brian MD
monthly med renewal

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
426239-ALX	clonazepam 1 MG Tab UD	05/09/2016 12:03	Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 x 30 day(s) Pill Line Only
	Indication: Borderline personality disorder		
426240-ALX	Pregabalin 100 MG Cap UD	05/09/2016 12:03	Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 x 30 day(s) Pill Line Only
	Indication: Other specified idiopathic peripheral neuropathy		

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 05/09/2016 12:06

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	05/04/2016 06:29	Provider:	Wood, B. PA-C
		Facility:	ALP
		Unit:	B01

Admin Note - Medication Reconciliation encounter performed at Other.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Wood, B. PA-C

pt was tapered off of gabapentin per BOP policy. pt was started on alternate duloxetine for nerve pain. however, since pt is off of gabapentin, he does not have anti-seizure coverage. discussed other meds. pt is willing to try oxcarbazepine.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	OXcarbazepine Tablet	05/04/2016 06:29	300mg Orally - Two Times a Day x 180 day(s)
Indication: Seizure disorder, other convulsions			

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wood, B. PA-C on 05/04/2016 06:33

Reg #: 16267-064
Facility: ALP
Unit: B01

Pain: No

Page 1 of 2

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/27/2016 09:38

Provider: Derose, David OD

Unit: B01

Exam:**Visual Fields**

Yes: Normal Fields

Slit Lamp

Yes: Normal Exam, Intraocular Pressure Normal

Periorbital/Orbital/Lids

Yes: Normal Appearing

Eyebrows

Yes: Normal Appearing

Conjunctiva and Sclera

Yes: Within Normal Limits

Cornea and Lens

Yes: Normal Appearing

Iris

Yes: Normal Appearing

Pupils

Yes: Normal Appearing

Fundus Exam

Yes: Grossly Normal Retina

ASSESSMENT:

Regular astigmatism, 367.21 - Current

PLAN:**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Optometry Exam	04/27/2017 00:00	Optometrist 01
Glaucoma Eval		

Disposition:

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/27/2016	Counseling	Access to Care	Derose, David	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Derose, David OD on 04/27/2016 09:43

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Bennett-Meehan, Jody PA-C.

Review documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 137

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/27/2016 09:38	Race:	WHITE
		Provider:	Derosé, David OD
		Facility:	ALP

Cosigned by Buschman, Brian MD on 04/27/2016 15:03.

Ex. 3, Attach. A, p. 138

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/27/2016 09:38	Provider:	Derosé, David OD
		Race:	WHITE
		Facility:	ALP

Reviewed by Bennett-Meehan, Jody PA-C on 04/28/2016 11:05.

Ex. 3, Attach. A, p. 139

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 04/26/2016 10:01	Provider: Buschman, Brian MD	Unit: B01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Reviewing request for increase in dose in clonazepam. Non-formulary request was approved by Central Office for only a three month trial of clonazepam while awaiting workup and initiation of transgender hormones and having lab data reflecting reaching of hormonal level goal. Labs reflect planned testosterone suppression and therapeutic estradiol levels.

Patient recently did also have a change in estrogen and it would be expected to take multiple weeks to see the change in mood that would come from adjusting of these hormones.

Patient has also been seeking to be placed on phenobarbital for seizure and was resistant in considering other non-scheduled agents as options.

This pattern suggests a pattern of possible drug seeking behavior seeking to raise the dose of his second controlled substance and requesting starting of a third when other options exist.

Given this complex collection I do not want to raise the dose of clonazepam at this point in time before the Central Office recommended follow up with psych to assess the legitimacy of the need for higher doses of controlled substances.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 04/26/2016 10:38

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	04/25/2016 13:06	Facility:	ALP
		Provider:	Wirth, Chelsey Medical
		Unit:	B01

Admin Note - Release of Information encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wirth, Chelsey Medical Office Assistant

Inmate requested labs from the last 18 months. Inmate was given labs from 04-07-2016 to 09-29-2014. No HIV results included. Total of 39 pages copied.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wirth, Chelsey Medical Office Assistant on 04/25/2016 13:08

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 04/22/2016 10:40

Sex: M Race: WHITE

Provider: Wood, B. PA-C

Reg #: 16267-064

Facility: ALP

Unit: B01

Mid Level Provider - Food Service Clearance encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Wood, B. PA-C**Chief Complaint:** Food Service Clearance**Subjective:** no complaints**Pain:** No**ROS:****General****Constitutional Symptoms**

No: Night Sweats, Unexplained Weight Loss

Pulmonary**Respiratory System**

No: Cough - Dry, Cough - Productive, Hx Positive TB Skin Test

GI**General**

No: Diarrhea

Food Handler's Exam**General**

Yes: Cleared for Food Service

No: Hx of Hepatitis (if Yes, enter type in comments), Hx of HIV

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/13/2016	09:00 ALX	98.3	36.8		Bennett-Meehan, Jody PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/13/2016	09:00 ALX	101			Bennett-Meehan, Jody PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/13/2016	09:00 ALX	18	Bennett-Meehan, Jody PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/13/2016	09:00 ALX	121/77				Bennett-Meehan, Jody PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/13/2016	09:00 ALX	99		Bennett-Meehan, Jody PA-C

Exam:**Skin****Ex. 3, Attach. A, p. 142**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/22/2016 10:40

Provider: Wood, B. PA-C

Unit: B01

Exam:**General**

Yes: Skin Intact

Color

No: Jaundiced

ASSESSMENT:

Other specified general medical examination, V70.8 - Resolved

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

MEDICALLY CLEARED TO WORK IN FOOD SERVICES

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
04/22/2016	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Wood, B.

<u>Outcome</u>
Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Wood, B. PA-C on 04/22/2016 10:44

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 04/26/2016 07:03

Sex: M Race: WHITE

Provider: Wood, B. PA-C

Reg #: 16267-064

Facility: ALP

Unit: B01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Wood, B. PA-C**Chief Complaint:** GENERAL

Subjective: pt was originally on the schedule to address "small opening near the scar site on the abd where has brownish fluid coming out". however, pt states this has since healed over and is no longer a concern. instead, pt had other issues to address instead:

- 1) requesting cymbalta be self-carry. was initially placed on pill line d/t h/o suicidal ideation. pt claims he spoke with his psychologist (dr. handel) about this and was told that this could be self-carry since he has been stable. pt denies any current si/hi.
- 2) requesting food service clearance.
- 3) requesting anti-seizure medication. pt was taken off of gabapentin d/t new bop formulary changes and placed on cymbalta for nerve pain. however, was not placed on another anti-seizure medication. pt claims he had one petit mal seizure last week but did not seek medical attention.
- 4) requesting inc dose of clonazepam. pt states about mid-day, he will experience some inc in anxiety. pt is still trying to adjust to life on a compound in gen pop. pt states he was in SHU for several years.
- 5) pt is requesting updated HIV, HEP B and C testing. pt admits to one sexual partner since he was last tested in 2014.

Pain: No**COMPLAINT 2** **Provider:** Wood, B. PA-C**Chief Complaint:** MENTAL HEALTH

Subjective: spoke with psychology (Dr. Handel). pt was seen by psych for routine counseling this past Monday 4/25/16. pt is requesting Cymbalta changed to self-carry. I consulted psych for recommendations due to h/o suicidal ideation and attempt. per visit with pt on 4/25/16, psych feels pt is stable enough to have Cymbalta self-carry.

Pain: No**OBJECTIVE:****Exam:****General****Affect**

Yes: Pleasant, Cooperative

No: Irritable, Agitated, Flat, Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin**Wound**

Yes: Clean, Dry and Intact

No: Wounds present, Signs and/or Symptoms of Infection

Ex. 3, Attach. A, p. 144

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/26/2016 07:03

Provider: Wood, B. PA-C

Unit: B01

Exam:**Lesions**

No: Present

Lesion Location

Yes: Lower Abdomen

ASSESSMENT:

Unspecified Anxiety Disorder, F41.9 - Current

Abdominal pain, 789.0 - Current

Seizure disorder, other convulsions, 780.39 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	DULoxetine Delayed Release Capsule	04/26/2016 07:03	60mg Orally - daily x 180 day(s) -- change to self carry

Indication: Other specified idiopathic peripheral neuropathy, Unspecified Anxiety Disorder**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
424723-ALX	DULoxetine Delayed Rel 60 MG Cap	04/26/2016 07:03	Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***Do Not Crush*** ***pill line***

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:****Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Wood, B. PA-C on 04/26/2016 07:07

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 04/22/2016 10:34

Sex: M Race: WHITE
Provider: Wood, B. PA-C

Reg #: 16267-064
Facility: ALP
Unit: B01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Wood, B. PA-C

Chief Complaint: GENERAL

Subjective: pt was originally on the schedule to address "small opening near the scar site on the abd where has brownish fluid coming out". however, pt states this has since healed over and is no longer a concern. instead, pt had other issues to address instead:
1) requesting cymbalta be self-carry. was initially placed on pill line d/t h/o suicidal ideation. pt claims he spoke with his psychologist (dr. handel) about this and was told that this could be self-carry since he has been stable. pt denies any current si/hi.
2) requesting food service clearance.
3) requesting anti-seizure medication. pt was taken off of gabapentin d/t new bop formulary changes and placed on cymbalta for nerve pain. however, was not placed on another anti-seizure medication. pt claims he had one petit mal seizure last week but did not seek medical attention.
4) requesting inc dose of clonazepam. pt states about mid-day, he will experience some inc in anxiety. pt is still trying to adjust to life on a compound in gen pop. pt states he was in SHU for several years.
5) pt is requesting updated HIV, HEP B and C testing. pt admits to one sexual partner since he was last tested in 2014.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
04/13/2016	09:00 ALX	98.3	36.8		Bennett-Meehan, Jody PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/13/2016	09:00 ALX	101			Bennett-Meehan, Jody PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
04/13/2016	09:00 ALX	18	Bennett-Meehan, Jody PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
04/13/2016	09:00 ALX	121/77				Bennett-Meehan, Jody PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
04/13/2016	09:00 ALX	99		Bennett-Meehan, Jody PA-C

Exam:

General

Affect

Yes: Pleasant, Cooperative

No: Irritable, Agitated, Flat, Anxious

Ex. 3, Attach. A, p. 146

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/22/2016 10:34

Provider: Wood, B. PA-C

Unit: B01

Exam:**Appearance**

Yes: Appears Well, Alert and Oriented x 3

Skin**Wound**

Yes: Clean, Dry and Intact

No: Wounds present, Signs and/or Symptoms of Infection

Lesions

No: Present

Lesion Location

Yes: Lower Abdomen

ASSESSMENT:

Unspecified Anxiety Disorder, F41.9 - Current

Abdominal pain, 789.0 - Current

Seizure disorder, other convulsions, 780.39 - Current

PLAN:**New Laboratory Requests:****Details**

Lab Tests-H-Hep B surface Ab

Lab Tests-H-Hep B surface Ag

Lab Tests-H-Hep C Ab

Lab Tests-H-HIV 1/2

Frequency

One Time

Due Date

06/06/2016 00:00

Priority

Routine

Labs requested to be reviewed by:

Buschman, Brian MD

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

- 1) abd scar opening-resolved.
- 2) food service clearance-completed.
- 3) cymbalta to self carry-emailed dr. handel for input. no change made at this time.
- 4) hep b/c/hiv concerns-ordered lab work.
- 5) anxiety-will discuss inc in clonazepam with dr. buschman.
- 6) seizure disorder-will discuss rx options with dr. buschman (since previously on gabapentin).

Patient Education Topics:**Date Initiated Format**

04/22/2016 Counseling

Handout/Topic

Plan of Care

Provider

Wood, B.

OutcomeVerbalizes
Understanding**Ex. 3, Attach. A, p. 147**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/22/2016 10:34

Provider: Wood, B. PA-C

Unit: B01

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wood, B. PA-C on 04/22/2016 11:09

Requested to be reviewed by Buschman, Brian MD.

Review documentation will be displayed on the following page.

See Amendment

Ex. 3, Attach. A, p. 148

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/22/2016 10:34	Provider:	Wood, B. PA-C
		Race:	WHITE
		Facility:	ALP

Reviewed by Buschman, Brian MD on 04/22/2016 11:34.

See Amendment

Ex. 3, Attach. A, p. 149

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 04/22/2016 10:34

Sex: M Race: WHITE

Provider: Wood, B. PA-C

Reg #: 16267-064

Facility: ALP

Unit: B01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** Provider: Wood, B. PA-C**Chief Complaint:** GENERAL

Subjective: pt was originally on the schedule to address "small opening near the scar site on the abd where has brownish fluid coming out". however, pt states this has since healed over and is no longer a concern. instead, pt had other issues to address instead:

1) requesting cymbalta be self-carry. was initially placed on pill line d/t h/o suicidal ideation. pt claims he spoke with his psychologist (dr. handel) about this and was told that this could be self-carry since he has been stable. pt denies any current si/hi.

2) requesting food service clearance.

3) requesting anti-seizure medication. pt was taken off of gabapentin d/t new bop formulary changes and placed on cymbalta for nerve pain. however, was not placed on another anti-seizure medication. pt claims he had one petit mal seizure last week but did not seek medical attention.

4) requesting inc dose of clonazepam. pt states about mid-day, he will experience some inc in anxiety. pt is still trying to adjust to life on a compound in gen pop. pt states he was in SHU for several years.

5) pt is requesting updated HIV, HEP B and C testing. pt admits to one sexual partner since he was last tested in 2014.

Pain: No

OBJECTIVE:**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
04/13/2016	09:00 ALX	98.3	36.8		Bennett-Meehan, Jody PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/13/2016	09:00 ALX	101			Bennett-Meehan, Jody PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
04/13/2016	09:00 ALX	18	Bennett-Meehan, Jody PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
04/13/2016	09:00 ALX	121/77				Bennett-Meehan, Jody PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
04/13/2016	09:00 ALX	99		Bennett-Meehan, Jody PA-C

Exam:**General****Affect**

Yes: Pleasant, Cooperative

No: Irritable, Agitated, Flat, Anxious

Ex. 3, Attach. A, p. 150

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/22/2016 10:34

Provider: Wood, B. PA-C

Unit: B01

Exam:**Appearance**

Yes: Appears Well, Alert and Oriented x 3

Skin**Wound**

Yes: Clean, Dry and Intact

No: Wounds present, Signs and/or Symptoms of Infection

Lesions

No: Present

Lesion Location

Yes: Lower Abdomen

ASSESSMENT:

Unspecified Anxiety Disorder, F41.9 - Current

Abdominal pain, 789.0 - Current

Seizure disorder, other convulsions, 780.39 - Current

PLAN:**New Laboratory Requests:****Details**

Lab Tests-H-Hep B surface Ab

Lab Tests-H-Hep B surface Ag

Lab Tests-H-Hep C Ab

Lab Tests-H-HIV 1/2

Frequency

One Time

Due Date

06/06/2016 00:00

Priority

Routine

Labs requested to be reviewed by:

Buschman, Brian MD

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

- 1) abd scar opening-resolved.
- 2) food service clearance-completed.
- 3) cymbalta to self carry-emailed dr. handel for input. no change made at this time.
- 4) hep b/c/hiv concerns-ordered lab work.
- 5) anxiety-will discuss inc in clonazepam with dr. buschman.
- 6) seizure disorder-will discuss rx options with dr. buschman (since previously on gabapentin).

Patient Education Topics:**Date Initiated Format**

04/22/2016 Counseling

Handout/Topic

Plan of Care

Provider

Wood, B.

OutcomeVerbalizes
Understanding**Ex. 3, Attach. A, p. 151**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/22/2016 10:34

Provider: Wood, B. PA-C

Unit: B01

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Wood, B. PA-C on 04/22/2016 11:09

Requested to be reviewed by Buschman, Brian MD.

Review documentation will be displayed on the following page.

See Amendment

Ex. 3, Attach. A, p. 152

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/22/2016 10:34	Provider:	Wood, B. PA-C
		Race:	WHITE
		Facility:	ALP

Reviewed by Buschman, Brian MD on 04/22/2016 11:34.

See Amendment

Ex. 3, Attach. A, p. 153

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/26/2016 07:03	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Wood, B. PA-C on 04/26/2016 07:07.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	04/20/2016 11:04	Provider:	Krisher, Laura LPN
		Facility:	ALP
		Unit:	B01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Krisher, Laura LPN
AIMS assessment needed

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
AIMS	One Time		AIMS assessment needed	Krisher, Laura LPN

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Krisher, Laura LPN on 04/20/2016 11:05
Requested to be reviewed by Bennett-Meehan, Jody PA-C.
Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/20/2016 11:04	Provider:	Krisher, Laura LPN
		Race:	WHITE
		Facility:	ALP

Reviewed by Bennett-Meehan, Jody PA-C on 04/20/2016 13:15.

Ex. 3, Attach. A, p. 156

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 04/20/2016 07:56	Provider: Buschman, Brian MD	Unit: B01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Med renew

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422731-ALX	clonazepam 1 MG Tab UD	04/20/2016 07:56	Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 x 30 day(s) Pill Line Only
	Indication: Borderline personality disorder		
424816-ALX	Pregabalin 100 MG Cap UD	04/20/2016 07:56	Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 x 30 day(s) Pill Line Only
	Indication: Other specified idiopathic peripheral neuropathy		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 04/20/2016 07:59

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 04/18/2016 14:15

Sex: M Race: WHITE

Provider: Donlin, Edward EMT-P

Reg #: 16267-064

Facility: ALP

Unit: B01

Injury Assessment - Non-work related encounter performed at Other.

SUBJECTIVE:**INJURY 1** **Provider:** Donlin, Edward EMT-P**Date of Injury:** 04/18/2016 14:15**Date Reported for Treatment:** 04/18/2016 14:15**Work Related:** No**Work Assignment:** A&O 1**Pain Location:****Pain Scale:** 0**Pain Qualities:****Where Did Injury Happen (Be specific as to location):**

Inmate denies any injuries

Cause of Injury (Inmate's Statement of how injury occurred):

Inmate denies any injuries

Symptoms (as reported by inmate):

Inmate denies any injuries

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/18/2016	14:15 ALX	88	Radial	Regular	Donlin, Edward EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/18/2016	14:15 ALX	18	Donlin, Edward EMT-P

Exam:**General****Appearance**

Yes: Alert and Oriented x 3

Skin**Trauma**

No: Deformity, Swelling, Laceration, Abrasion, Ecchymosis

Comments

Airway patent, breathing normal, good radial pulse. Skin warm, dry, good color. No injuries noted.

Fall Risk (Morse Scale)

Yes: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid

(None/bedrest/wc/nurse=0, IV/Heparin lock (No=0), Gait/Transferring (Normal/bedrest/immobile=0), Mental

Status (Oriented to own abil=0), No Risk: 0-24

ASSESSMENT:

No Significant Findings/No Apparent Distress

Injury assessment for an SIS investigation. Inmate denies any injuries and no injuries were noted during the exam.

Ex. 3, Attach. A, p. 158

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/18/2016 14:15

Provider: Donlin, Edward EMT-P

Unit: B01

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/18/2016	Counseling	Access to Care	Donlin, Edward	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Donlin, Edward EMT-P on 04/18/2016 15:00

Requested to be cosigned by Buschman, Brian MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/18/2016 14:15	Provider:	Donlin, Edward EMT-P
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 04/18/2016 15:08.

Ex. 3, Attach. A, p. 160

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 04/13/2016 09:00

Sex: M Race: WHITE
Provider: Bennett-Meehan, Jody

Reg #: 16267-064
Facility: ALP
Unit: Z03

Mid Level Provider - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Bennett-Meehan, Jody PA-C

Chief Complaint: Fatigue/Weakness

Subjective: Pt seen today at the request of psychology as the psychologist stated that she thought he seemed tired and that the inmate had stated that he thought he may have received the wrong medication because he was tired. Prior to eval, patient was in inside recreation cell pacing back and forth and walking around in circles in cell. When speaking with this patient he states, "my klonopin that I just started just makes me tired. I usually just lay down and sleep for awhile" When asked about why he thought he got the wrong meds he states that he didn't think that he did, he just knows the one med always makes him tired after he takes it. Pt was advised that this provider is the one who pulled out his medications for delivery this morning and that this provider was the one who delivered this patients medications to him. At which point this patient looked at his meds in the morning and inspected them as he always does and did not make any mention of them being incorrect, however this provider advised him that she will go back and double check that the correct meds and dosages were pulled and issued. This patient then stated, "yes I am just tired from taking the klonopin. I am always really tired after taking it." This provider did double check this on return to the hsu and noted that the correct medications and dosages in fact were pulled and delivered this morning. Pt

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
04/13/2016	09:00	ALX	98.3	36.8	Bennett-Meehan, Jody PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/13/2016	09:00	ALX	101		Bennett-Meehan, Jody PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
04/13/2016	09:00	ALX	18 Bennett-Meehan, Jody PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
04/13/2016	09:00	ALX	121/77			Bennett-Meehan, Jody PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
04/13/2016	09:00	ALX	99	Bennett-Meehan, Jody PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Lethargic, Appears in Pain, Cyanotic, Diaphoretic, Disheveled, Acutely Ill

Skin

Ex. 3, Attach. A, p. 161

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/13/2016 09:00

Provider: Bennett-Meehan, Jody

Unit: Z03

Exam:**General**

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

Eyes**General**

Yes: PERRLA, Extraocular Movements Intact

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Neurologic**Cranial Nerves (CN)**

Yes: Within Normal Limits, CN 2-12 Intact Grossly

Exam Comments

ROS:

Nursing Exam

Fall Risk (Morse Scale)

Yes: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid

(None/bedrest/wc/nurse=0, IV/Heparin lock (No=0), Gait/Transferring (Normal/bedrest/immobile=0), Mental

Status (Oriented to own abil=0), No Risk: 0-24

ASSESSMENT:

Other fatigue, R5383 - Current

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Other:

alert staff if any sx worsen or change or if sx persist.

Patient Education Topics:**Date Initiated Format**

04/13/2016 Counseling

Handout/Topic

Plan of Care

Provider

Bennett-Meehan, Jody Verbalizes

Outcome

Understanding

Ex. 3, Attach. A, p. 162

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/13/2016 09:00

Provider: Bennett-Meehan, Jody

Unit: Z03

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Bennett-Meehan, Jody PA-C on 04/13/2016 13:17

Ex. 3, Attach. A, p. 163

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 04/08/2016 14:14

Sex: M Race: WHITE

Provider: Santos, Elizabete DO

Reg #: 16267-064

Facility: ALP

Unit: Z03

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Santos, Elizabete DO FACP, Clinical**Chief Complaint:** No Complaint(s)**Subjective:** I stopped by patient's cell door in SHU today to go over her recent labs:

3/19/16: Total testosterone 137 ng/dL = she was recently started on Spironolactone. Will have repeat labs prior to adjusting this medication.

3/19/16: Estradiol: 41.1. Patient is interested in increasing her estradiol dosing. Of note, she tells me she has had a problem with the adhesive on the patch. After two days of showers the patch "peels off". She is wondering if she could be switched to oral estradiol tablets.

Patient reports "some moodiness", but is doing well overall. She has been doing Yoga. She is "getting along" with her roommate. She has felt safe, and did not have any concerns to report today.

Pain:

She'll need repeat labs in 8-12 weeks. She will continue on medical hold.
No

OBJECTIVE:**ROS Comments**

Patient has felt healthy. He denies a recent cough, fevers, chills, night sweats, weight loss, or fatigue.

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has no history of falls in the last 6 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current - *Started Estradiol in December 2015*

Started on Progesterone in January 2016, switched to Spironolactone in March 2016

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 164

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 04/08/2016 14:14

Provider: Santos, Elizabete DO

Unit: Z03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Estradiol Tablet	04/08/2016 14:14	2 mg Orally - Two Times a Day x 180 day(s)

Indication: Transgender, validated male to female**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422289-ALX	Estradiol 0.1 MG/24HR Patch (Once-weekly)	04/08/2016 14:14	Apply one patch transdermally and change once weekly on Wednesdays - nonformulary expires 11/20/16

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** *discontinue***Indication:****Disposition:**

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/08/2016	Counseling	Plan of Care	Santos, Elizabete	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Santos, Elizabete DO FACP, Clinical Director on 04/08/2016 14:28

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN		Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: ALP
Note Date: 04/08/2016 12:49	Provider: Hazel, Julie RPh	Unit: Z03

Pharmacy Note - Chart Review-Other encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Hazel, Julie RPh

Need to rewrite orders for:
Duloxetine and spironolactone as Do Not Crush and

Pregabalin as Open capsule (s) and float in water

OK per Dr Santos.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	DULoxetine Delayed Release Capsule	04/08/2016 12:49	60mg Orally at noon x 180 day(s) Pill Line Only -- Do Not Crush (order exp 9/19/16 cof
	Indication: Other specified idiopathic peripheral neuropathy, Unspecified Anxiety Disorder		
	Spironolactone Oral Tablet	04/08/2016 12:49	25mg Orally - Two Times a Day x 365 day(s) Pill Line Only -- Do Not Crush (rx exp 3/17/17)
	Indication: Transgender, validated male to female		
	Pregabalin Capsule	04/08/2016 12:49	200mg Orally - Two Times a Day x 15 day(s) Pill Line Only -- nf exp 11/5/16; Open Capsule and float in water
	Indication: Other specified idiopathic peripheral neuropathy		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422171-ALX	DULoxetine Delayed Rel 60 MG Cap	04/08/2016 12:49	Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***pill line***
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: new order written		
	Indication:		

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	04/08/2016 12:49	Provider:	Hazel, Julie RPh
		Facility:	ALP
		Unit:	Z03

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
421527-ALX	Spironolactone 25 MG Tab	04/08/2016 12:49	Take one tablet by mouth twice daily
	Discontinue Type: When Pharmacy Processes Discontinue Reason: new order written Indication:		
422177-ALX	Pregabalin 100 MG Cap UD	04/08/2016 12:49	Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16
	Discontinue Type: When Pharmacy Processes Discontinue Reason: new order written Indication:		

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Santos, Elizabete DO FACP, Clinical Director
Telephone or Verbal order read back and verified.

Completed by Hazel, Julie RPh on 04/08/2016 13:00
Requested to be cosigned by Santos, Elizabete DO FACP, Clinical Director.
Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/08/2016 12:49	Provider:	Hazel, Julie RPh
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 04/11/2016 08:58.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 168

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	04/01/2016 15:50	Facility:	ALP
		Unit:	Z03
		Provider:	Buschman, Brian MD

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Due to reasonable suspicion of dicyclomine abuse and diversion medical searched his cell late on 4/1/16. On 3/31/16 he had 14 tabs delivered to his cell to use 2 a day and was found to only have 0 left. This shows a clear case of either diversion or misuse and in either case the med needs to be stopped due to patient safety issues. True IBS can be controlled with other options such as SSRIs.

I was advised by the nurse that delivered them yesterday that today she went to his door and the patient advised they had not received the medication yesterday and gave this statement to the very staff member to recalled to me delivering it the day prior.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 04/01/2016 15:52

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE
Note Date: 04/01/2016 15:47	Facility: ALP Unit: Z03
Provider: Buschman, Brian MD	

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Due to reasonable suspicion of dicyclomine abuse and diversion medical searched his cell late on 4/1/16. On 3/31/16 he had 14 tabs delivered to his cell to use 2 a day and was found to only have 0 left. This shows a clear case of either diversion or misuse and in either case the med needs to be stopped due to patient safety issues. True IBS can be controlled with other options such as SSRIs.

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422608-ALX	Dicyclomine HCL 20 MG Tab	04/01/2016 15:47	Take one tablet by mouth two times a day ***self carry***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: discontinue

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 04/01/2016 15:50

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064
Date of Birth: [REDACTED]	Sex: M Race: WHITE
Note Date: 04/01/2016 15:47	Facility: ALP Unit: Z03
Provider: Buschman, Brian MD	

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Buschman, Brian MD

Due to reasonable suspicion of dicyclomine abuse and diversion medical searched his cell late on 4/1/16. On 3/31/16 he had 14 tabs delivered to his cell to use 2 a day and was found to only have 0 left. This shows a clear case of either diversion or misuse and in either case the med needs to be stopped due to patient safety issues. True IBS can be controlled with other options such as SSRIs.

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422608-ALX	Dicyclomine HCL 20 MG Tab	04/01/2016 15:47	Take one tablet by mouth two times a day ***self carry***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: discontinue

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 04/01/2016 15:50

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	04/01/2016 15:50	Race:	WHITE
		Facility:	ALP

Amendment made to this note by Buschman, Brian MD on 04/01/2016 15:52.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 03/24/2016 14:23

Sex: M Race: WHITE

Provider: Sharretts, Ray DO

Reg #: 16267-064

Facility: ALP

Unit: Z03

Psychiatry - Evaluation encounter performed at Telehealth.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Sharretts, Ray DO**Chief Complaint:** MENTAL HEALTH

Subjective: Asked to see inmate for restart of Ativan that had been prescribed at Springfield MCFP. Inmate PINSON is a 29-year-old, single, Caucasian, transgender female. This inmate is very combative with TMTC IR's assaulting staff, Self-Mutilation (Several - found unresponsive in a pool of blood, swallowed numerous seizure meds, cut wrist with razor blade that was embedded in his testicle, cut inner thigh and genitals with razor), Setting a Fire (numerous - covered SHU cell and set a fire), Several Minor Assaults (spit on staff, kicked, punched staff,), flooded SHU range, Threaten Staff (numerous), Possession of Weapons (numerous), Serious Assaults (x4 - one where he tried to assault staff with sharpened weapon), Taking Hostages, etc. She has a hx of numerous overdoses, head banging, choking herself, attempted hanging, rupturing blood vessels in her nose, cutting herself with razors, making shanks, throwing feces, "painting" herself and her cell with blood and claiming that God instructs her to go on hunger strikes. She has had over 500 contacts with Psychology services since entering federal custody in July of 2006 across many institutions. She has a large number of suicide risk assessments, sexual abuse interventions, hunger strike reviews, and restricted housing reviews.

Pain: No**COMPLAINT 2** **Provider:** Sharretts, Ray DO**Chief Complaint:** MENTAL HEALTH

Subjective: Cont'd: Inmate reportedly swallowed the arm off his glasses resulting in bowel perforation requiring exploratory laparotomy/colectomy following the diagnosis of ruptured viscous on CT scan of the abdomen and free air under the diaphragm. Surgery performed at St. Thomas Hospital More Hospital in February 2016. Hx of foreign body removal from scrotum and intentional overdose January 2016 tx'd at outside hospital requiring surgery with general anesthesia to remove an unfolded paperclip and ballpoint pen tip. CT brain at that time was WNL. Overdosed on Tylenol and Zoloft, swallowed a pen, washers and bolts, and inserted "5-6 pieces of small irregular metal into the scrotum" in October 2015, had been seen the day before for a Depakote OD and self mutilation of his scrotum. An abdominal series showed 2 screws in his rectum. It was noted that there was an opening in his scrotum which was felt to be chronic and months old, it was left open.

HISTORICAL DIAGNOSES: Gender Dysphoria, Unspecified Anxiety D/O, Antisocial Personality D/O, Borderline PD (age 10), Schizoaffective D/O (age 16), Bipolar D/O, Autistic Spectrum D/O, ADHD, Oppositional Defiant D/O, Depressive D/O NOS. HISTORICAL MEDICATION SUMMARY: Depakote [seizure disorder mentioned in medical report?], Lithium, Ativan [last prescribed in October of 2015], Trazodone, Seroquel, Tegretol, Thorazine, Amitriptyline, Effexor among others. TRAUMA HISTORY: Inmate PINSON reported having been molested at age 6 for approximately 6-7 months by a 30-year-old male neighbor. According to her PSI, she identified having been sexually abused by a male neighbor from the age of 7 until 9. DRUG AND ALCOHOL ASSESSMENT: Hx of IV methamphetamine, cocaine, "designer drugs" and MJ.

Pain: No**Ex. 3, Attach. A, p. 173**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/24/2016 14:23

Provider: Sharretts, Ray DO

Unit: Z03

OBJECTIVE:**ROS Comments**

REVIEW OF SYSTEMS: CONSTITUTIONAL: As per HPI. HEENT: Eyes: No diplopia or blurred vision. ENT: No earache, sore throat or runny nose. CARDIOVASCULAR: No pressure, squeezing, strangling, tightness, heaviness or aching about the chest, neck, axilla or epigastrium. RESPIRATORY: No cough, shortness of breath, PND or orthopnea. GASTROINTESTINAL: Chronic constipation GENITOURINARY: No dysuria, frequency or urgency. MUSCULOSKELETAL: no complaints SKIN: No change in skin, hair or nails. NEUROLOGIC: No paresthesias, fasciculations, seizures or weakness. PSYCHIATRIC: No disorder of thought or mood. ENDOCRINE: No heat or cold intolerance, polyuria or polydipsia. HEMATOLOGICAL: No easy bruising or bleeding.

SLEEP: "I only get 2-3 hours of sleep/night because my thoughts are constantly racing"

INTEREST: fair

GUILT: negative

ENERGY: fair

CONCENTRATION: good

APPETITE: good

Exam Comments**MENTAL STATUS EXAM:**

Appearance: overly nourished

Muscle strength and tone: no obvious dystonia, TD, or muscle weakness noted

Gait and station: no noteworthy mannerisms or gestures.

Personal Presentation: cooperative, inmate was not oppositional, resistant, angry, sullen, assaultive/combatative, fidgety, restless, threatening, defensive or negativistic, there were no obvious tics, psychomotor agitation or signs of EPS.

Speech: normal rate, tone and volume, articulate and spontaneous

Mood: "anxious"

Affect: blunted

Associations: intact

Thought process: organized

Abstract reasoning: not tested

Thought content: denies SI/HI/AH/VH, denies feeling impulsive to act out "for the moment", denies feeling internally preoccupied with violence.

Sensorium: clear

Cognition: oriented X3, recent and remote memory, attention span and concentration all essentially intact.

Fund of knowledge: not tested

Insight: limited

Judgment: fair

SUICIDE and VIOLENCE ASSESSMENT: Based on the information obtained during this evaluation including but not limited to risk and protective factors, this inmate's suicide and violence risk is assessed to be unpredictable.

Laboratory/Other studies: copious medical records reviewed.

Medical Decision Making: This is a ~30 year old transgender male who is undergoing hormone therapy for Gender Dysphoria who entered the mental health system and the legal system in late childhood/early adolescence and has been incarcerated for most of her adult life. She has been in multiple institutions, has seen a myriad of clinicians with various diagnoses listed above, has taken a myriad of medications listed above, but most impressive is the myriad of self-mutilating acts the inmate has engaged in, prompting some significant interventions, such as a partial colectomy for a ruptured viscous [perforated colon] after inmate swallowed an arm to her sun glasses. She has engaged in swallowing metal and plastic objects numerous times, has inserted metal and plastic objects into the scrotum, at times stating the desire to remove the testicles, and cutting herself and rupturing blood vessels with her fingers creating dramatic bloody scenes in her cell. She is felt to be above average in intelligence, and primarily personality disordered with a mixed personality disorder with borderline, antisocial and histrionic traits. Gender dysphoria is felt to be a legitimate diagnosis based on the length of time the inmate has felt uncomfortable as a male, preferring to live life as a

Ex. 3, Attach. A, p. 174

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/24/2016 14:23

Provider: Sharretts, Ray DO

Unit: Z03

woman. The inmate historically has experienced a higher quality of life when he has access to socialization and mental health providers, it is not obvious that medication has played much of a role in this inmates well-being.

Treatment Plan: Due to level of acuity and hx of benzos greatly reducing self-harming behavior, inmate agreeable to starting clonazepam 1 mg BID.

Comments

MEDICATION EDUCATION: Inmate educated in laymen's terms about possible side effects of clonazepam including but not limited to: rash, itching or hives, difficulty breathing, fast or irregular heartbeat, chest pain, confusion, dizzy, falls, changes in vision, confusion, memory loss, increased thoughts of suicide, constipation, drooling. Do not use dangerous equipment or do anything that requires mental alertness for safety until you know how this medicine affects you. This medicine may cause sun sensitivity: wear protective clothing/or wear sunscreen. Avoid becoming overly hot or cold as this medicine may affect your body's response to hot and cold, dress accordingly to conditions.

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has no history of falls less than 3 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

The inmate was interviewed via BOP telehealth policy with personnel Dr. John Mitchell in attendance. Inmate gave consent for psychiatric interview to proceed. The inmate has the capacity to consent to medication and has an understanding of the diagnosis or condition, the treatment being offered, the potential risks, benefits and side-effects of treatment, especially serious ones, what to do in the event of such effects, the alternatives to the treatment being offered (including no treatment), and risks associated with the alternatives. Inmate gave verbal consent during the consultation.

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current

Borderline personality disorder, 301.83 - Resolved

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	clonazepam Tablet	03/24/2016 14:23	1 mg Orally - Two Times a Day x 30 day(s) Pill Line Only

Indication: Borderline personality disorder

Other:

Will follow as needed per Psychology

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/24/2016	Counseling	Medication Side Effects	Sharretts, Ray	Verbalizes Understanding
03/24/2016	Counseling	Plan of Care	Sharretts, Ray	Verbalizes Understanding

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/24/2016 14:23

Provider: Sharretts, Ray DO

Unit: Z03

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sharretts, Ray DO on 03/24/2016 15:15

Requested to be reviewed by Handel, Alysia Psy.D..

Review documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 176

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/24/2016 14:23	Provider:	Sharretts, Ray DO
		Race:	WHITE
		Facility:	ALP

Reviewed by Handel, Alysia Psy.D. on 03/24/2016 15:57.

Ex. 3, Attach. A, p. 177

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 03/24/2016 13:00

Sex: M Race: WHITE

Provider: Buschman, Brian MD

Reg #: 16267-064

Facility: ALP

Unit: Z03

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Buschman, Brian MD**Chief Complaint:** GASTROINTESTINAL

Subjective: While in the back of medical waiting to see telmed this patient stopped me and ask if Bentyl can be self carry. Pinson advised that past OD attempts have been with APAP and not with other meds. Expressed the potential lethality of APAP. I discussed this issue with psychiatry, the CL3 psychologist and CD and will allow a trial of self carry of this one medication. Over time with compliance with treatment and per psych evals may eventually be allowed to self carry other meds.

Pain: Yes**Pain Assessment**

Date: 03/05/2016 14:20
Location: Abdomen - Diffuse
Quality of Pain: Throbbing
Pain Scale: 9
Intervention: medication
Trauma Date/Year:
Injury:
Mechanism:
Onset: 1-2 Weeks
Duration: 1-2 Days
Exacerbating Factors: Movement
Relieving Factors: medication
Comments:

OBJECTIVE:**Exam Comments**

Standing in holding area on the side of medical walking in holding area without any signs of discomfort.

ASSESSMENT:

Irritable bowel syndrme, K589 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Ex. 3, Attach. A, p. 178

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/24/2016 13:00

Provider: Buschman, Brian MD

Unit: Z03

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
422170-ALX	Dicyclomine HCL 20 MG Tab	03/24/2016 13:00	Take one tablet by mouth two times a day ***pill line*** x 180 day(s) -- ok to self carry this medicine

Indication: Irritable bowel syndrme**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/24/2016	Counseling	Access to Care	Buschman, Brian	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Buschman, Brian MD on 03/24/2016 15:25

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	03/23/2016 11:16	Provider:	Craig, Charles PA-C
		Facility:	ALP
		Unit:	Z03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Craig, Charles PA-C

Med Renew.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
420653-ALX	Estradiol 0.1 MG/24HR Patch (Once-weekly)	03/23/2016 11:16

Prescriber Order

Apply one patch transdermally and change once weekly on Wednesdays
- nonformulary expires 11/20/16 x 180 day(s)

Indication: Transgender, validated male to female

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Craig, Charles PA-C on 03/23/2016 11:17

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 03/22/2016 12:46

Sex: M Race: WHITE

Provider: Krisher, Laura LPN

Reg #: 16267-064

Facility: ALP

Unit: Z03

Preventive Health Visit - Male encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Krisher, Laura LPN**Chief Complaint:** Preventive Health Visit**Subjective:** Preventive health visit per protocol**Pain:** No**ROS:****Preventive Health****Hypertension screening**

Yes: Blood pressure reviewed

Colon Cancer

Yes: History of adenomas or colon cancer

No: Chronic ulcerative colitis or Crohn's disease, Inflammatory bowel disease, Family history of colon cancer or adenomas

Lipid Disorders

No: Diabetes, Existing cardiovascular disease, Family history of elevated lipids, Father/grandfather heart attack or stroke <50, History of hypertension and smoking, Mother/grandmother heart attack or stroke <60

Diabetes

Yes: BMI Calculated (Value: 36.2), First degree relative with diabetes, Overweight (BMI of 27kg/m or greater)

No: Hyperlipidemia, B/P greater than 135/80 (treated or untreated)

Aspirin for CVD Risk

No: Diabetes and >40, Diabetes & other risk factors: CVD, HTN, Diabetes & smoking, dyslipidemia, CVD

Risk documented in comments

Abdominal Aortic Aneurysm

No: >65 yrs and history of smoking

Hearing

No: Occupational risk

Substance Abuse

Yes: Alcohol abuse history, Tobacco abuse

No: Injection/non-injection drug use history

Lifestyle

Yes: BMI > or equal 30 (BMI?: 36.2)

Inf. Disease Screening

Yes: Bloodborne path & immunization history reviewed, HIV screening offered

Vision Screening

No: Visual Acuity (Snellen) testing completed

Nursing Exam**Fall Risk (Morse Scale)**

No: History of falling < 3 mos(No=0), History of falling < 3 mos (Yes=25 pts), Secondary diagnosis (No=0), Secondary diagnosis (Yes=15), Ambulatory aid (None/bedrest/wc/nurse=0, Ambulatory aid

Ex. 3, Attach. A, p. 181

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 12:46

Provider: Krisher, Laura LPN

Unit: Z03

ROS:

(Crutches/cane/walker=15), Ambulatory aid (Furniture=30), IV/Heparin lock (No=0), IV/Heparin lock (Yes=20), Gait/Transferring (Normal/bedrest/immobile=0), Gait/Transferring (Weak=10), Gait/Transferring (Impaired=20), Mental Status (Oriented to own abil=0), Mental Status (Forgets limitations=15), No Risk: 0-24

OBJECTIVE:**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/22/2016	08:19 ALX	62			Buschman, Brian MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
03/22/2016	08:19 ALX	124/78				Buschman, Brian MD

Wright Peak Flow:

Date	Time	Attempt 1	Attempt 2	Attempt 3	Effort	Bronchodilator	Provider
03/22/2016	08:19 ALX	700				Without	Buschman, Brian MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
03/22/2016	08:19 ALX	267.0	121.1		Buschman, Brian MD

Exam:

Mouth

General

No: Lesions

Comments

Maternal grandfather-colon cancer-passed at 77
 Uncle-leukemia- passed at 38
 Mom-DM

PULMONARY CLINIC

The following items per policy have been addressed as a requirement for a patient in a pulmonary clinic:

Vital Signs documented 3/22/16

Peak Flow at each clinic 700

Chest x-ray at baseline Date Completed 10/20/14

ASSESSMENT:

Preventive Health Visit

Preventive health visit per protocol

PLAN:**Schedule:**

Activity	Date Scheduled	Scheduled Provider
Hepatitis A Series Immunization	04/27/2016 00:00	EMT/P 01
Vaccine ordered per protocol		
Hepatitis B Series Immunization	04/27/2016 00:00	EMT/P 01
Vaccine ordered per protocol		

Ex. 3, Attach. A, p. 182

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 12:46

Provider: Krisher, Laura LPN

Unit: Z03

Activity**Date Scheduled****Scheduled Provider**

Preventive Health Visit

03/22/2019 00:00 Nurse 14

Preventive health visit per protocol

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:**Date Initiated** **Format**

03/22/2016 Counseling

Handout/Topic

Access to Care

Provider

Krisher, Laura

OutcomeVerbalizes
Understanding**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Krisher, Laura LPN on 03/22/2016 13:15

Requested to be reviewed by Bennett-Meehan, Jody PA-C.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/22/2016 12:46	Provider:	Krisher, Laura LPN
		Race:	WHITE
		Facility:	ALP

Reviewed by Bennett-Meehan, Jody PA-C on 03/22/2016 13:58.

Ex. 3, Attach. A, p. 184

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 03/22/2016 08:12

Sex: M Race: WHITE
Provider: Buschman, Brian MD

Reg #: 16267-064
Facility: ALP
Unit: Z03

Chronic Care - 14 Day Physician Eval encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Buschman, Brian MD

Chief Complaint: GENERAL

Subjective: For CCC/14-day eval:

- 1) Transgender - Addressed last week by Dr. Santos.
- 2) Asthma - No cough, wheeze, nocturnal symptoms, interference with ADLs or history of intubation. Uses albuterol infrequently and only with exercise and has been using mometasone.
- 3) MH - Denies h/o hearing voices but takes antipsychotics for the sake of preventing manic episodes. Stopped Seroquel due to adverse affects. Still having some anxiety but specifically asking for Ativan. Has not been on recently. After discussing pain below we talked about trial of Cymbalta.
- 4) Radial nerve pain - Has been taking gabapentin and Lyrica for nerve pain. Discussed how both are working on the same receptor and will have a trial of increasing the Lyrica, tapering off the Lyrica and then will start Cymbalta. Given long term issues will program to titrate up to 60mg after a time to get past GI adverse affects. If this does not work for him we can submit a request to the region to restart the gabapentin.
- 5) Stomach issues after swallowing arm off of eye glasses this past Fall. Advises he later vomited it back up. Advises that later had abd pain and was sent out and had a colon resection. Since advises has been having multiple loose BMs a day. Advises while was on Percocet improved with BMs. Since having ongoing abd pain feels first in muscles near the wound site and then feels small opening near the scar site and where has brownish fluid coming out. Feels pressure inside of abd that at times "builds and builds and builds" and is 10/10 at times. At times enough to double over in pain. Will try Bentyl to help with abd pain. If still loose stools may need loperamide.

Pain: No CP or SOB.
Not Applicable

Seen for clinic(s): Mental Health, Neurology, Pulmonary/Respiratory, Gastrointestinal

Added to clinic(s): Gastrointestinal

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
03/17/2016	11:06 ALX	98.1	36.7		Santos, Elizabete DO FACP, Clinical

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/22/2016	08:19 ALX	62			Buschman, Brian MD
03/17/2016	11:06 ALX	69			Santos, Elizabete DO FACP,

Respirations:

Date	Time	Rate Per Minute	Provider
03/17/2016	11:06 ALX	14	Santos, Elizabete DO FACP, Clinical Director

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
EX-3, Attach. A, p. 185						

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 08:12

Provider: Buschman, Brian MD

Unit: Z03

Date	Time	Value	Location	Position	Cuff Size	Provider
03/22/2016	08:19 ALX	124/78				Buschman, Brian MD
03/17/2016	11:06 ALX	106/73				Santos, Elizabete DO FACP,

Wright Peak Flow:

Date	Time	Attempt 1	Attempt 2	Attempt 3	Effort	Bronchodilator	Provider
03/22/2016	08:19 ALX	700				Without	Buschman, Brian MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
03/22/2016	08:19 ALX	267.0	121.1		Buschman, Brian MD
03/17/2016	11:06 ALX	266.0	120.7		Santos, Elizabete DO FACP, Clinical Director

Exam comments

Nursing Exam

Fall Risk (Morse Scale)

No: History of falling < 3 mos(No=0), Secondary diagnosis (No=0), Ambulatory aid

(None/bedrest/wc/nurse=0)

Appearance/Nutrition

Appears Well (yes), NAD (yes)

Affect

Pleasant (yes), Cooperative (yes)

Pulmonary

Auscultation

Clear to Auscultation Bilaterally (yes), Crackles (no), Rhonchi (no), Wheezing (no)

Cardiovascular

Auscultation

Regular Rate and Rhythm (RRR) (yes), Normal S1 and S2 (yes), Systolic Murmur (no)

Abdomen

Auscultation

Normo-Active Bowel Sounds (yes)

Palpation

Soft (yes), Non-tender on Palpation (yes)

Abd noted large surgical scars with minor would less than 1cm with very minimal serous fluid. No erythema or warmth.

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current

Abdominal pain, 789.0 - Current

Asthma, unspecified, 493.90 - Current

Constipation, unspecified, 564.00 - Resolved - *Now loose BMs since colectomy*

Other specified idiopathic peripheral neuropathy, 356.8 - Current

Cellulitis, unspecified, L0390 - Resolved

Irritable bowel syndrme, K589 - Current

PLAN:**New Medication Orders:**

Rx#	Medication	Order Date	Prescriber Order
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Ex. 3, Attach. A, p. 186

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 08:12

Provider: Buschman, Brian MD

Unit: Z03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Pregabalin Capsule	03/22/2016 08:12	200mg Orally - Two Times a Day x 30 day(s) Pill Line Only
	Indication: Other specified idiopathic peripheral neuropathy, Nerve pain, neuralgia neuritis, radiculitis		
	DULoxetine Delayed Release Capsule	03/22/2016 08:12	Orally(1) 30mg - daily x 14 day(s) *** (2) 60mg - daily x 166 day(s)
	Indication: Other specified idiopathic peripheral neuropathy, Unspecified Anxiety Disorder, Antisocial Personality Disorder		
	Gabapentin Tablet/Capsule (Neurontin)	03/22/2016 08:12	Orally(1) 900mg - Two Times a Day x 14 day(s) Pill Line Only -- *** (2) 400mg - Two Times a Day x 14 day(s) Pill Line Only --
	Indication: Other specified idiopathic peripheral neuropathy, Nerve pain, neuralgia neuritis, radiculitis		
	Dicyclomine Tablet/Capsule	03/22/2016 08:12	20mg Orally - Two Times a Day x 180 day(s)
	Indication: Irritable bowel syndrme		

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
420652-ALX	Albuterol Inhaler HFA (6.7 GM) 90mcg	03/22/2016 08:12	shake well and Inhale 2 puffs by mouth four times daily as needed PRN x 365 day(s) -- MDI ok for self carry. All pills remain pill line only
	Indication: Asthma, unspecified		
420655-ALX	Mometasone Furoate Inhal 220 MCG/Inh (60 doses)	03/22/2016 08:12	Inhale 2 puffs by mouth twice daily - rinse mouth after use x 364 day(s) -- OK for self carry. All pills remain pill line only.
	Indication: Asthma, unspecified		
420656-ALX	Perphenazine 8 MG Tab	03/22/2016 08:12	Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** x 180 day(s) Pill Line Only
	Indication: Unspecified Anxiety Disorder, Antisocial Personality Disorder, Adjustment Disorders: With Mixed Disturbance Of Emotions And Conduct		

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 08:12

Provider: Buschman, Brian MD

Unit: Z03

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
420657-ALX	Trihexyphenidyl 2 MG Tab	03/22/2016 08:12	Take two tablets (4 MG) by mouth twice daily x 180 day(s) Pill Line Only

Indication: Unspecified Anxiety Disorder, Antisocial Personality Disorder**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
420877-ALX	Pregabalin 50 MG Cap UD	03/22/2016 08:12	Take one capsule by mouth at noon ***crush/empty*** ***non-formulary approved*** exp 11/5/16

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:**

420878-ALX	Pregabalin 100 MG Cap UD	03/22/2016 08:12	Take one capsule by mouth each evening ***crush/empty*** ***non-formulary approved*** exp 11/5/16
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Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:**

420654-ALX	Gabapentin 600 MG Tab UD	03/22/2016 08:12	Take three tablets (1800 MG) by mouth twice daily (intake) ***crush/empty*** ***pill line***
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Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:****Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up f/u abd wound to ensure healing	04/12/2016 00:00	MLP 01
Chart_Review renew Lyrica	04/20/2016 00:00	Physician 01
Follow-up MH, nerve pain, GI Due 9/22/16	09/22/2016 00:00	MLP 01

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/23/2016	Counseling	Access to Care	Buschman, Brian	Verbalizes Understanding

Ex. 3, Attach. A, p. 188

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/22/2016 08:12

Provider: Buschman, Brian MD

Unit: Z03

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Buschman, Brian MD on 03/23/2016 07:42

Ex. 3, Attach. A, p. 189

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN
Date of Birth: [REDACTED]
Encounter Date: 03/17/2016 10:39

Sex: M Race: WHITE
Provider: Santos, Elizabete DO

Reg #: 16267-064
Facility: ALP
Unit: Z03

Consultation - Initial visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Santos, Elizabete DO FACP, Clinical

Chief Complaint: No Complaint(s)

Subjective: I was asked to see patient, and co-manage her Gender Dysphoria Treatment. Pt is Trans female on Feminizing hormone therapy, and goes by the name of Grace. Female Pronouns will be used during the rest of this clinical encounter note.

Gender Identity Hx: Patient was 6-7 years old when she realized she was different from all other boys. She used to go to the store with her grandfather and always "want to buy Barbie dolls". She liked braiding her mom's hair and "gravitated towards girl activities". As a teen, patient was "unfamiliar with the concept of trans"; "I thought I was homosexual". Her mom was supportive, but other members of the family did not treat her well. Has been in prison since the age of 17, and this is when she started to cut herself, including her genitals. She tried "very hard to assimilate into being a man"; wore a beard and short hair, and tried masculine sports, and activities. Describes a feeling of constant anxiety. Used to see fashion shows on TV and "wanted to be on the cat walk", but always felt like she had to hide these feelings. It wasn't until, she was t ADX Florence, when she met another Trans-female who provided her with WPATH literature. "It was when everything made sense to me...I was 26 years old". Patient met psychologists along the way, specifically at Springfield who made her feel "safe enough to come out as a trans-girl".

Patient was seen by Endocrinology in September, and started on Estradiol patch on 12/27/15. At the suggestion of the Endocrinology, she was started on Progesterone androgen blockage, "because it would require less lab monitoring than Spironolactone".

Tx Effects: pt has noticed slight glandular enlargement of breast near the nipple area, and soreness to palpation. Pt feels her thighs are a little wider. Has felt mood swings, and hot flashes. Noticed changes to her sleep; "currently sleeping less continuous hours of up to 6-7 hours instead of 8-9 hours.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
03/17/2016	11:06 ALX	98.1	36.7		Santos, Elizabete DO FACP, Clinical

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/17/2016	11:06 ALX	69			Santos, Elizabete DO FACP,

Respirations:

Date	Time	Rate Per Minute	Provider
03/17/2016	11:06 ALX	14	Santos, Elizabete DO FACP, Clinical Director

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
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Ex. 3, Attach. A, p. 190

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/17/2016 10:39

Provider: Santos, Elizabete DO

Unit: Z03

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/17/2016	11:06 ALX	106/73				Santos, Elizabete DO FACP,

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
03/17/2016	11:06 ALX	266.0	120.7		Santos, Elizabete DO FACP, Clinical Director

ROS Comments

Other Medical Problems:

1. Hx Seizure D/O: had a single incident in 2014 witnessed by staff as seizure activity and sent to outside hospital. Started on Gabapentin. No other seizure activity.
2. Nerve damage during cutting of right radial nerve, which was not completely severed: has numbness of first, second and third digits on the right. Also has nocturnal pain, which has been alleviated by Gabapentin and Lyrica.
3. Asthma: seems currently well controlled on Albuterol and Mometasone.
4. Bipolar: Is currently on Perphenazine and Trihexyphenidyl. Patient has a long standing hx of behavior problems, with severe agitation, yelling, "disrespecting staff" (per own admission), and cutting. She had been on Ativan to help control these episodes. Patient has felt "much calmer over the last several weeks..."the Perphenazine, and the fact I now always have a roommate has really helped me". Patient describes having less anxiety, and enjoying the "companionship of another human being"... "it was hard being single celled at previous institutions"

Past Surgery

Swallowed a pair of eye glasses in September, and perforated her bowel in February, requiring urgent abdominal surgery.

Patient has felt healthy. He denies a recent cough, fevers, chills, night sweats, weight loss, or fatigue.

FALL RISK ASSESSMENT: The patient was questioned at today's encounter and denies any mobility problems and has no history of falls in the last 6 months, no secondary diagnosis to suggest a fall risk, does not use an Ambulatory Aid, has normal gait/transferring, and is oriented.

Exam Comments**General**

Affect: Pleasant and Cooperative

Appearance: appears well, without distress

Eyes

lids and lacrimal system are normal in appearance: conjunctiva and cornea appear normal

ENT

Ext ears and nose are normal appearing

Gait

Normal gait, without assistive devices. Cuffed on back today.

Pulmonary

Clear to auscultation, without crackles, rhonchi, or wheezing

Heart

Regular Rate and Rhythm, Normal S1S2, without appreciable murmurs

Abdomen

No masses or tenderness. Has normal bowel sounds. Has a longitudinal scar that is well healed. There is a 5 mm opening at the bottom of the incision that is still draining serosanguinous fluid. There is no odor or signs of infection.

Skin

Normal color, no pallor or jaundice

Neuro/Psych

Appropriate affects and demeanor. Well groomed. Responsive to questions. Good eye contact.

Ex. 3, Attach. A, p. 191

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/17/2016 10:39

Provider: Santos, Elizabete DO

Unit: Z03

Comments

The following labs were discussed with the patient:

11/24/15

CMP is within normal limits except for Glucose 60, Alkaline Phosphatase 41

Lipid panel

TC 131

Trig 62

HDL 34

LDL 85

TSH 1.18

CBC is within normal limits except for WBC 3.1 (ANC 1700)

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Spironolactone Oral Tablet	03/17/2016 10:39	25 mg Orally - Two Times a Day x 365 day(s)

Indication: Transgender, validated male to female**Discontinued Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
420753-ALX	Progesterone Micronized Cap 100 MG	03/17/2016 10:39	Take two capsules (200 MG) by mouth at noon ***non-formulary approved*** expires 12/24/16

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** *discontinue***Indication:****New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-E-Estradiol	One Time	03/24/2016 00:00	Routine
Lab Tests - Short List-General-CBC w/diff			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile			
Lab Tests - Short List-General-Lipid Profile			
Lab Tests-T-Testosterone, Total			
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests-E-Estradiol	One Time	06/06/2016 00:00	Routine
Lab Tests - Short List-General-CBC w/diff			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile			
Lab Tests-T-Testosterone, Total			

Ex. 3, Attach. A, p. 192

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: ALP

Encounter Date: 03/17/2016 10:39

Provider: Santos, Elizabete DO

Unit: Z03

Lab Tests - Short List-General-Potassium

One Time

03/31/2016 00:00

Routine

Lab Tests - Short List-General-Potassium

One Time

04/07/2016 00:00

Routine

Schedule:**Activity****Date Scheduled****Scheduled Provider**

Consultation

06/23/2016 08:30

Physician 02

Follow up with pt. Review hormone/labs.

Disposition:

Follow-up at Chronic Care Clinic as Needed

Other:

After reviewing the anti-androgen effects of both Progesterone vs. Spironolactone, patient agrees to switch to Spironolactone. When patient was seen by Endocrinology, she was on Phenobarbital, and on Lithium. Patient has since stopped both these medications, and has no contraindications to Spironolactone, which is the preferred anti-androgen agent. We will check her potassium levels for a couple of weeks during transition.

Will order blood work (last labs were in November as above)

Will plan on repeating labs in 3 months, and will see patient at that time.

We also discussed adding Finasteride both as an adjunct anti-androgen agent, and to help with male pattern baldness.

Patient asked about Electrolysis today. She is told, she will be able to shave twice daily as necessary, and provided with foundation, however we can not provide her with Electrolysis at this time. In addition, she is reminded that facial electrolysis is not covered in the community either and is still largely considered purely cosmetic.

Patient Education Topics:**Date Initiated** **Format**

03/17/2016 Counseling

Handout/Topic

Medication Side Effects

Provider

Santos, Elizabete

Outcome

Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Santos, Elizabete DO FACP, Clinical Director on 03/17/2016 11:36

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	03/11/2016 13:00	Provider:	Swigart, Drew PharmD
		Facility:	ALP
		Unit:	Z02

Pharmacy Note - Chart Review-Other encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Swigart, Drew PharmD

Patient is a new intake to ALX who transferred in with orders for Pregabalin 75mg twice daily. Unfortunately no Pregabalin was sent with the patient and that strength is not currently stocked at ALX. As a result, the Clinical Director was contacted and authorization given to amend the order to Pregabalin 50mg in the morning and 100mg in the evening until Pregabalin 75mg can be obtained.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Pregabalin Capsule	03/11/2016 13:00	50mg Orally each morning x 30 day(s) Pill Line Only
Indication: Other specified idiopathic peripheral neuropathy, Nerve pain, neuralgia neuritis, radiculitis			
Start Now: Yes			
Night Stock Rx#:			
Source: Pyxis			
Admin Method: Pill Line			
Stop Date: 04/10/2016 12:59			
MAR Label: 50mg Orally each morning x 30 day(s) Pill Line Only			
One Time Dose Given: No			
	Pregabalin Capsule	03/11/2016 13:00	100mg Orally each evening x 30 day(s) Pill Line Only
Indication: Other specified idiopathic peripheral neuropathy, Nerve pain, neuralgia neuritis, radiculitis			
Start Now: Yes			
Night Stock Rx#:			
Source: Pyxis			
Admin Method: Pill Line			
Stop Date: 04/10/2016 12:59			
MAR Label: 100mg Orally each evening x 30 day(s) Pill Line Only			
One Time Dose Given: No			

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M Race: WHITE
Note Date:	03/11/2016 13:00	Provider:	Swigart, Drew PharmD
		Facility:	ALP
		Unit:	Z02

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Pregabalin 75 MG Cap UD	03/11/2016 13:00	<p>***pill line*** Take one capsule by mouth twice daily</p> <p>***crush/empty***</p> <p>- last dose 4/1/16 MORNING</p> <p>- nonformulary expires 11/5/16 x 30 day(s) Pill Line Only</p>

Discontinue Type: When Pharmacy Processes**Discontinue Reason:** Order changed**Indication:****Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Santos, Elizabete DO FACP, Clinical Director**Telephone or Verbal order read back and verified.**

Completed by Swigart, Drew PharmD on 03/11/2016 13:08

Requested to be cosigned by Santos, Elizabete DO FACP, Clinical Director.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/11/2016 13:00	Provider:	Swigart, Drew PharmD
		Race:	WHITE
		Facility:	ALP

Cosigned by Santos, Elizabete DO FACP, Clinical Director on 03/11/2016 15:18.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 196

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 03/05/2016 14:00

Sex: M Race: WHITE

Provider: Johnson, Kameron

Reg #: 16267-064

Facility: FLP

Unit: Z07

EMT/Para - Follow up encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Johnson, Kameron NREMT-P**Chief Complaint:** Abdominal Pain

Subjective: Inmate continues to complain of lower abdominal pain. Inmate returned from the hospital approximately two weeks ago where he underwent abdominal surgery for a perforated bowel. Inmate's pain management medication recently expired.

Pain: Yes**Pain Assessment****Date:** 03/05/2016 14:20**Location:** Abdomen - Diffuse**Quality of Pain:** Throbbing**Pain Scale:** 9**Intervention:** medication**Trauma Date/Year:****Injury:****Mechanism:****Onset:** 1-2 Weeks**Duration:** 1-2 Days**Exacerbating Factors:** Movement**Relieving Factors:** medication**Comments:****OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/05/2016	14:15 FLX	99.1	37.3		Johnson, Kameron NREMT-P

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/05/2016	14:15 FLX	87			Johnson, Kameron NREMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/05/2016	14:15 FLX	14	Johnson, Kameron NREMT-P

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/05/2016	14:15 FLX	125/71				Johnson, Kameron NREMT-P

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/05/2016	14:15 FLX	94		Johnson, Kameron NREMT-P

Exam:**General****Ex. 3, Attach. A, p. 197**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: FLP

Encounter Date: 03/05/2016 14:00

Provider: Johnson, Kameron

Unit: Z07

Exam:**Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin**Wound**

Yes: Redness, Wound Improving

Color

Yes: Within Normal Limits

Drains

Yes: Purulent Drainage, Moderate Amount of Drainage

ASSESSMENT:

Pain-Post Op

Inmate's abdominal wound appeared to be healing appropriately. Wound was positive minor amount of blood tinged drainage. Wound (-) any signs of infection. Wound was cleansed as directed by the physician and a new dressing was applied. Physician was notified and updated on the inmate's status and order Tylenol #3 for three more days for pain management.

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Acetaminophen/Codeine 300/30 MG Tablets	03/05/2016 14:00	300/30mg Orally - Two Times a Day x 3 day(s) Pill Line Only -- Take two tablets by mouth twice daily. First dose administered on 05MAR2016 @ 1700

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Pill Line**Stop Date:** 03/08/2016 13:59**MAR Label:** 300/30mg Orally - Two Times a Day x 3 day(s) Pill Line Only -- Take two tablets by mouth twice daily. First dose administered on 05MAR2016 @ 1700**One Time Dose Given:** No**Disposition:**

Discharged to Housing Unit with Convalescence

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/05/2016	Counseling	Plan of Care	Johnson, Kameron	Verbalizes Understanding

Ex. 3, Attach. A, p. 198

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: FLP

Encounter Date: 03/05/2016 14:00

Provider: Johnson, Kameron

Unit: Z07

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Oba, D. MD

Telephone or Verbal order read back and verified.

Completed by Johnson, Kameron NREMT-P on 03/06/2016 19:12

Requested to be cosigned by Oba, D. MD.

Cosign documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 199

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/05/2016 14:00	Provider:	Johnson, Kameron
		Race:	WHITE
		Facility:	FLP

Cosigned by Oba, D. MD on 03/07/2016 08:27.

Ex. 3, Attach. A, p. 200

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Encounter Date: 03/02/2016 13:12

Sex: M Race: WHITE

Provider: Oba, D. MD

Reg #: 16267-064

Facility: FLP

Unit: Z07

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Oba, D. MD**Chief Complaint:** Abdominal Pain

Subjective: patient is seen to remove the staples from his midline abdominal incision for repair of perforated colon. Complains of LLQ abdominal pain after eating without nausea or vomiting. He has had copious watery drainage from the staple line the last several days. He had been placed on Tylenol which has not helped his pain. Denies shaking chills or soaking sweats. Keflex was used post operatively, completed his course then reordered x 7 days. No other complaints regarding his medication other than he needs his lyrica for chronic pain renewed.

Pt was told by lab that his blood levels of estrogen and progesterone would not be drawn.

Pain: Yes**Pain Assessment****Date:** 03/02/2016 13:19**Location:** Abdomen-LLQ**Quality of Pain:** Aching**Pain Scale:** 7**Intervention:** antibiotics, pain med, wound culture**Trauma Date/Year:****Injury:****Mechanism:****Onset:** 3-4 Weeks**Duration:** 12-24 Hours**Exacerbating Factors:** eating, having a bowel movement**Relieving Factors:** none**Comments:****Seen for clinic(s):** Mental Health, Neurology, Pulmonary/Respiratory**OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/02/2016	13:20 FLX	Unavailabl e	0.0		Oba, D. MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/02/2016	13:20 FLX	99	Via Machine		Oba, D. MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/02/2016	13:20 FLX	16	Oba, D. MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>

Ex. 3, Attach. A, p. 201

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: FLP

Encounter Date: 03/02/2016 13:12

Provider: Oba, D. MD

Unit: Z07

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/02/2016	13:20 FLX	113/80	Left Arm	Sitting	Adult-large	Oba, D. MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/02/2016	13:20 FLX	97	Room Air	Oba, D. MD

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Apneic, Respiratory Distress, Tachypnea

Thorax

Yes: Within Normal Limits, Normal Thoracic Expansion, Normal Diaphragmatic Excursion

Percussion

Yes: Within Normal Limits, Resonant

Auscultation

Yes: Clear to Auscultation

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

No: Tachycardia, Bradycardia

Palpation

No: Apical Impulse Displaced

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G, S3, S4

Abdomen**Inspection**

Yes: Scar(s), Striae, Protuberant, Obese

No: Dilated Veins, Ascites, Rash

Mental Health**Posture**

Yes: Within Normal Limits, Upright, Attentive

No: Tense

Grooming/Hygiene

Yes: Within Normal Limits, Appropriate Grooming

Facial Expressions

Yes: Within Normal Limits, Appropriate Expression

Affect

Yes: Within Normal Limits, Appropriate

No: Anger, Hostility, Suspiciousness, Evasive

Speech/Language

Yes: Within Normal Limits, Appropriate, Normal Rate, Normal Articulation, Talkative, Responsive to Questions

Ex. 3, Attach. A, p. 202

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: FLP

Encounter Date: 03/02/2016 13:12

Provider: Oba, D. MD

Unit: Z07

Exam:

No: Silent

Mood

Yes: Within Normal Limits, Appropriate, Contentment

No: Affable, Elevated Mood, Sadness

Thought Process

Yes: Within Normal Limits, Appropriate, Logical, Goal Directed

No: Disorganized, Circumstantial

Thought Content

Yes: Within Normal Limits, Appropriate, Goal Directed

No: Compulsive, Obsessive

Perceptions

Yes: Within Normal Limits, Appropriate

No: Illusions, Hallucinations-Auditory, Hallucinations-Visual

Comments

midline surgical incision is intact except for two pinhole sized openings in the lower incision line. Watery cloudy fluid is easily discharged through each hole with pressure on the superior portion of the incision. 8 staples are in the incision line, 5 removed, 3 inferior left intact. Wound culture taken and sent for C& S. Bowel sounds are present but faint. no rebound tenderness, masses noted. IM complains of pain in the left lower quadrant, no mass palpable.

ASSESSMENT:

Gender Dysphoria In Adolescents And Adults, F64.1 - Current

Transgender, validated male to female, 302.5b - Current

Unspecified Anxiety Disorder, F41.9 - Current

Antisocial Personality Disorder, F60.2*b - Current

Abdominal pain, 789.0 - Current

Asthma, unspecified, 493.90 - Current

Perforation of intestine, 569.83 - Resolved

Seizure disorder, other convulsions, 780.39 - Current

Cellulitis, unspecified, L0390 - Current - *abdominal incision drainage, foul***PLAN:****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED] 6

Encounter Date: 03/02/2016 13:12

Sex: M Race: WHITE

Provider: Oba, D. MD

Reg #: 16267-064

Facility: FLP

Unit: Z07

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	metroNIDAZOLE Tablet	03/02/2016 13:12	500 mg Orally - Two Times a Day x 15 day(s) -- take one tablet by mouth twice daily for wound infection
	Indication: Cellulitis, unspecified		
	oxyCODONE/Acetaminophen 5MG/325 MG Tablets	03/02/2016 13:12	5/325 Orally - Two Times a Day x 3 day(s) Pill Line Only -- take two tablets by mouth twice daily for abdominal pain
	Indication: Abdominal pain, Cellulitis, unspecified		
	Start Now: Yes		
	Night Stock Rx#:		
	Source: Pyxis		
	Admin Method: Pill Line		
	Stop Date: 03/05/2016 13:11		
	MAR Label: 5/325 Orally - Two Times a Day x 3 day(s) Pill Line Only -- take two tablets by mouth twice daily for abdominal pain		
	One Time Dose Given: No		

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
188498-FLX	Pregabalin 75 MG Cap UD	03/02/2016 13:12	***pill line*** Take one capsule by mouth twice daily ***crush/empty*** - last dose 2/27/16 MORNING x 30 day(s) Pill Line Only
	Indication: Transgender, validated male to female, Seizure disorder, other convulsions, History of other injury, Schizoaffective disorder, Unspecified disorder of cranial nerves		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Body Fluid/Fluid	One Time	03/02/2016 00:00	Today
Additional Information:			
abdominal incisional drainage			
Lab personnel verbally notified of a priority order of Today or Stat			

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Wound Care	Daily	15 days	redress draining midline abdominal wound. May apply antibiotic ointment over the incision, abdominal pads to absorb fluid drainage, 4x4's tape	Oba, D. MD

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Pain Management renew lyric	04/01/2016 00:00	MLP 05

Ex. 3, Attach. A, p. 204

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: FLP

Encounter Date: 03/02/2016 13:12

Provider: Oba, D. MD

Unit: Z07

Activity**Date Scheduled****Scheduled Provider**

Chronic Care Visit

05/04/2016 00:00 Physician 03

ccc

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/02/2016	Counseling	Medication Side Effects	Oba, D.	Verbalizes Understanding
03/02/2016	Counseling	New Medication	Oba, D.	Verbalizes Understanding
03/02/2016	Counseling	Plan of Care	Oba, D.	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Oba, D. MD on 03/02/2016 13:36

Bureau of Prisons**Health Services****Health Screen**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Sex: M

Reg #: 16267-064

Race: WHITE

Encounter Date: 07/25/2016 15:31

Provider: Clingerman, Nicole LPN

Facility: THA

Seizures:**Type:** Generalized Tonic Clonic**Frequency:** > 1 per year**Age of Onset:** Childhood (1-8 Years)**Last Seizure:** 4 - 6 months**Comments:** on meds

History of muscle twitching, generalized started 2005, not taking medication regularly because Dilantin gives him headache.

Last seizure 3 weeks ago - was in transit & missed meds for 3 days - small seizure. Believe they are due to an MVA from childhood. 10-8-14 last seizure was yesterday per pt.

Diabetes: Denied**Cardiovascular:** Denied**CVA:** Denied**Hypertension:****Age of Onset:** Adult (18-30 Years)**Comments:** Does not take medication**Respiratory:****Age of Onset:** Adult (18-30 Years)**Hx of Asthma:** Yes**Hx of Emphysema:** No**Hx of COPD:** No**Comments:** Started at 23 years of age. Using Albuterol inhaler. and a long acting inhaler as well**Sickle Cell Anemia:** Denied**Carcinoma/Lymphoma:** Denied**Comments:****Allergies:****Allergy****Reaction****Date Noted**

Potassium Chloride

Unknown

12/12/2008

Bentyl

Intolerance-other

04/01/2016

diversion documented 4/1/16

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 07/25/2016 15:31

Sex: M
 Provider: Clingerman, Nicole LPN

Reg #: 16267-064
 Race: WHITE
 Facility: THA

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): None

Male Sexual Partners (Last 5 Yrs): None

Condom Use: Always

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: Yes

Travel Outside US: Yes

Tattoos: Yes

Comments: x15 years ago - France, Germany, England

Tattoos - left arm and r arm - x2 years old

Blood tranfusion 16 years ago from MVA.

HIV History:

When Tested: 2014

Test Result: Negative

When Diagnosed AIDS:

Last CD4:

Comments: Tested for HIV one year ago - negative results.

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No

Syphilis Last Treatment: N/A

Genital Warts: No

Chlamydia: No

Gonorrhea: No

Herpes: No

Chicken Pox: Yes

Other: No

Comments: chicken pox as a child.

Ex. 3, Attach. A, p. 207

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 07/25/2016 15:31

Sex: M
 Provider: Clingerman, Nicole LPN

Reg #: 16267-064
 Race: WHITE
 Facility: THA

Abuse History:

Physical: No

Emotional: No

Sexual: Yes

Comments: At age 6, by a neighbor.

Mental Health:

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Hx of Mental Health Treatment: None

Hx of Head Injury: None

Current Mental Health Treatment: No

Current Mental Health Complaint: No

Hx of Loss of Consciousness: No

Hx of Hearing Voices: No

Past History of Suicide Attempt: No

Current Suicide Ideation: No

Suicide Prevention Initiated: No

Comments:

Substance Use History:

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Methamphetamine	> 5 years	< 1 X per year	Oral		
Cocaine	> 5 years	< 1 X per year	Nasal	Powder	
Hallucinogens	> 5 years	Weekly	Nasal		

Hx of Withdrawal Symptoms:

Comments:

Current Painful Condition:

Location: left arm and lower back into left leg

Other Health Issues:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Condition: Denied

Ex. 3, Attach. A, p. 208

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 07/25/2016 15:31

Sex: M
 Provider: Clingerman, Nicole LPN

Reg #: 16267-064
 Race: WHITE
 Facility: THA

Observations:

Draining Skin Lesions: No
Signs of Lice: No
Signs of Scabies: No
Signs of Recent Trauma: No
Recent Tattoos: No
Needle Marks: No
Signs of Rash: No
Open Sores: No
Wounds: No
Body Deformities: No
Tremors: No
Sweating: No
Comments:

Alerts:

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>
Advance Directive	11/07/2014	

Comments: Durable Power of Attorney for Health Care Decisions

Prosthetic Devices/Equipment:

<u>Device/Equipment</u>	<u>Obtained From</u>
Eye Glasses	BOP

Comments:

Potential Items For Follow-up:

<u>Item</u>
Seizure History
Hypertension History
Respiratory History
Allergy - Bentyl
Allergy - Potassium Chloride
Blood Product Transfusion
Tattoos
Travel Outside US
Other Infectious Disease History
Sexual Abuse History
Substance Abuse History
Current Painful Condition
Advance Directive
Eye Glasses
PPD Administration Not Performed

Ex. 3, Attach. A, p. 209

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 07/25/2016 15:31

Provider: Clingerman, Nicole LPN

Facility: THA

Health Problems Newly Identified During This Encounter:Health Problem**Medication Reconciliation.****The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.****Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
554566-OKL	Albuterol Inhaler HFA (6.7 GM) 90mcg	07/25/2016 15:31	shake well and Inhale 2 puffs by mouth four times daily as needed PRN x 60 day(s) Pill Line Only
554568-OKL	clonazepam 0.5 MG Tab UD	07/25/2016 15:31	***crush/empty*** Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg) x 30 day(s) Pill Line Only
554572-OKL	clonazepam 1 MG Tab UD	07/25/2016 15:31	***crush/empty*** Take two tablets (2 MG) by mouth at bedtime x 30 day(s) Pill Line Only
554571-OKL	clonazepam 1 MG Tab UD	07/25/2016 15:31	Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty*** x 30 day(s) Pill Line Only
554573-OKL	DULoxetine HCl Delayed Rel 60 MG Cap	07/25/2016 15:31	Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry*** x 60 day(s) Pill Line Only
554574-OKL	Estradiol 1 MG Tab	07/25/2016 15:31	Take three tablets (3 MG) by mouth twice daily ***non-formulary approved*** exp 4/8/17 x 60 day(s) Pill Line Only
554576-OKL	Finasteride 1 MG TAB	07/25/2016 15:31	Take one tablet (1 MG) by mouth each morning ***non-formulary approved*** exp 6/17/17 x 60 day(s) Pill Line Only
554578-OKL	Mometasone Furoate Inhal 220 MCG/Inh (60 doses)	07/25/2016 15:31	Inhale 2 puffs by mouth twice daily - rinse mouth after use x 60 day(s) Pill Line Only

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 07/25/2016 15:31

Sex: M
 Provider: Clingerman, Nicole LPN

Reg #: 16267-064
 Race: WHITE
 Facility: THA

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
554581-OKL	OXcarbazepine 300 MG Tab	07/25/2016 15:31	Take one tablet (300 MG) by mouth two times a day for seizures x 60 day(s) Pill Line Only
554582-OKL	Perphenazine 8 MG Tab	07/25/2016 15:31	Take one tablet (8 MG) by mouth at bedtime *consent form on file * 10/16/14 x 60 day(s) Pill Line Only
554583-OKL	Pregabalin 50 MG Cap UD	07/25/2016 15:31	Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** x 30 day(s) Pill Line Only
554584-OKL	Spironolactone 25 MG Tab	07/25/2016 15:31	Take two tablets (50 MG) by mouth twice daily x 60 day(s) Pill Line Only
554586-OKL	Trihexyphenidyl 2 MG Tab	07/25/2016 15:31	Take two tablets (4 MG) by mouth twice daily x 60 day(s) Pill Line Only

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	554566-OKL	Albuterol Inhaler HFA (6.7 GM) 90mcg	shake well and Inhale 2 puffs by mouth four times daily as needed
BOP	Continue	Rx	554568-OKL	clonazepam 0.5 MG Tab UD	***crush/empty*** Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg)
BOP	Continue	Rx	554572-OKL	clonazepam 1 MG Tab UD	***crush/empty*** Take two tablets (2 MG) by mouth at bedtime
BOP	Continue	Rx	554571-OKL	clonazepam 1 MG Tab UD	Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty***
BOP	Continue	Rx	554573-OKL	DULoxetine HCl Delayed Rel 60 MG Cap	Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry***
BOP	Continue	Rx	554574-OKL	Estradiol 1 MG Tab	Take three tablets (3 MG) by mouth twice daily ***non-formulary approved*** exp 4/8/17

Ex. 3, Attach. A, p. 211

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 07/25/2016 15:31

Provider: Clingerman, Nicole LPN

Facility: THA

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	554576-OKL	Finasteride 1 MG TAB	Take one tablet (1 MG) by mouth each morning ***non-formulary approved*** exp 6/17/17
BOP	Continue	Rx	554578-OKL	Mometasone Furoate Inhal 220 MCG/Inh (60 doses)	Inhale 2 puffs by mouth twice daily - rinse mouth after use
BOP	Continue	Rx	554581-OKL	OXcarbazepine 300 MG Tab	Take one tablet (300 MG) by mouth two times a day for seizures
BOP	Continue	Rx	554582-OKL	Perphenazine 8 MG Tab	Take one tablet (8 MG) by mouth at bedtime *consent form on file * 10/16/14
BOP	Continue	Rx	554583-OKL	Pregabalin 50 MG Cap UD	Take four capsules (200 MG) by mouth twice daily ***Do Not Crush***
BOP	Continue	Rx	554584-OKL	Spironolactone 25 MG Tab	Take two tablets (50 MG) by mouth twice daily
BOP	Continue	Rx	554586-OKL	Trihexyphenidyl 2 MG Tab	Take two tablets (4 MG) by mouth twice daily
		OTC		No known OTCs	

Other:

Just had HIV test completed Refusal form obtained

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Wilson, William E. MD/CD**Telephone or Verbal order read back and verified.**

Completed by Clingerman, Nicole LPN on 07/25/2016 15:41

Requested to be cosigned by Wilson, William E. MD/CD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	07/25/2016 15:31	Race:	WHITE
		Provider:	Clingerman, Nicole LPN
		Facility:	THP

Cosigned by Wilson, William E. MD/CD on 07/26/2016 11:00.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 213

Bureau of Prisons**Health Services****Health Screen**

Inmate Name: PINSON, JEREMY VAUGHN

Date of Birth: [REDACTED]

Sex: M

Reg #: 16267-064

Encounter Date: 03/10/2016 14:43

Provider: Waldman, J. RN

Race: WHITE

Facility: ALP

Seizures:**Type:** Generalized Tonic Clonic**Frequency:** > 1 per year**Age of Onset:** Childhood (1-8 Years)**Last Seizure:** 4 - 6 months**Comments:** on meds

History of muscle twitching, generalized started 2005, not taking medication regularly because Dilantin gives him headache.

Last seizure 3 weeks ago - was in transit & missed meds for 3 days - small seizure. Believe they are due to an MVA from childhood. 10-8-14 last seizure was yesterday per pt.

Diabetes: Denied**Cardiovascular:** Denied**CVA:** Denied**Hypertension:****Age of Onset:** Adult (18-30 Years)**Comments:** Does not take medication**Respiratory:****Age of Onset:** Adult (18-30 Years)**Hx of Asthma:** Yes**Hx of Emphysema:** No**Hx of COPD:** No**Comments:** Started at 23 years of age. Using Albuterol inhaler. and a long acting inhaler as well**Sickle Cell Anemia:** Denied**Carcinoma/Lymphoma:** Denied**Comments:****Allergies:**

<u>Allergy</u>	<u>Reaction</u>	<u>Date Noted</u>
Potassium Chloride	Unknown	12/12/2008
Fish-derived Products	Unknown	01/27/2010
Peanut-containing Drug Products	Intolerance-other	02/01/2015
Pt reports experiencing abdominal discomfort, emesis, and difficulty breathing.		
Shellfish-derived Products	Anaphylaxis	04/02/2015

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 03/10/2016 14:43

Provider: Waldman, J. RN

Facility: ALP

Tuberculosis:**Hx of Previous Disease:** No**Blood-tinged Sputum:** No**Night Sweats:** No**Weight Loss:** No**Fever:** No**Cough:** No**Comments:****Infectious Disease Risk Factors:****IV Drug Use:** No**IV Drug Use Needles:****Sexual Partner IV Drug Use:** No**Sexual Partner IV Drug Use Needles:****Female Sexual Partners (Last 5 Yrs):** None**Male Sexual Partners (Last 5 Yrs):** None**Condom Use:** Always**Sexual Contact With HIV+ Individual:** No**Blood Product Transfusion:** Yes**Travel Outside US:** Yes**Tattoos:** Yes**Comments:** x15 years ago - France, Germany, England

Tattoos - left arm and r arm - x2 years old

Blood tranfusion 16 years ago from MVA.

HIV History:**When Tested:** 2014**Test Result:** Negative**When Diagnosed AIDS:****Last CD4:****Comments:** Tested for HIV one year ago - negative results.**Hepatitis:** Denied**Other Infectious Diseases:****Syphilis:** No**Syphilis Last Treatment:** N/A**Genital Warts:** No**Chlamydia:** No**Gonorrhea:** No**Herpes:** No**Chicken Pox:** Yes**Other:** No**Comments:** chicken pox as a child.**Ex. 3, Attach. A, p. 215**

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 03/10/2016 14:43

Provider: Waldman, J. RN

Facility: ALP

Abuse History:**Physical:** No**Emotional:** No**Sexual:** Yes**Comments:** At age 6, by a neighbor.**Mental Health:****Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** Outpatient Only/Medications (+/- Therapy**Hx of Head Injury:** Without Sequelae**Current Mental Health Treatment:** Yes**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** Yes**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** Yes**Last Suicide Attempt:** 1 - 3 months**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:****Substance Use History:**

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Methamphetamine	> 5 years	< 1 X per year	Oral		
Cocaine	> 5 years	< 1 X per year	Nasal	Powder	
Hallucinogens	> 5 years	Weekly	Nasal		

Hx of Withdrawal Symptoms:**Comments:****Current Painful Condition:** Denied**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** N/A**Dental Condition:** Denied**Ex. 3, Attach. A, p. 216**

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 03/10/2016 14:43

Sex: M
 Provider: Waldman, J. RN

Reg #: 16267-064
 Race: WHITE
 Facility: ALP

Observations:

Draining Skin Lesions: No
Signs of Lice: No
Signs of Scabies: No
Signs of Recent Trauma: No
Recent Tattoos: No
Needle Marks: No
Signs of Rash: No
Open Sores: No
Wounds: No
Body Deformities: No
Tremors: No
Sweating: No
Comments:

Alerts:

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>
Advance Directive	11/07/2014	
Comments: Durable Power of Attorney for Health Care Decisions		

Prosthetic Devices/Equipment:

<u>Device/Equipment</u>	<u>Obtained From</u>
Eye Glasses	BOP
Comments:	

Potential Items For Follow-up:

<u>Item</u>
Seizure History
Hypertension History
Respiratory History
Allergy - Fish-derived Products
Allergy - Peanut-containing Drug Products
Allergy - Potassium Chloride
Allergy - Shellfish-derived Products
Blood Product Transfusion
Tattoos
Travel Outside US
Other Infectious Disease History
Sexual Abuse History
Current Mental Health Treatment
History of Loss of Consciousness
History of Suicide Attempt
Substance Abuse History
Advance Directive

Ex. 3, Attach. A, p. 217

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 03/10/2016 14:43

Provider: Waldman, J. RN

Facility: ALP

Item

Cane

Eye Glasses

PPD Administration Not Performed

Health Problems Newly Identified During This Encounter:Health Problem**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
189998-FLX	Acetaminophen 325 MG Tab	03/10/2016 14:43	Take two tablets (650 MG) by mouth four times daily for 14 days AS NEEDED - no refills PRN x 7 day(s)
	Indication: Perforation of intestine		
184566-FLX	Albuterol Inhaler HFA (6.7 GM) 90mcg	03/10/2016 14:43	shake well and Inhale 2 puffs by mouth four times daily as needed PRN x 30 day(s)
	Indication: Asthma, unspecified		
185950-FLX	Estradiol 0.1 MG/24HR Patch (Once-weekly)	03/10/2016 14:43	***pill line*** Apply one patch transdermally once weekly on Wednesdays - nonformulary expires 11/20/16 x 30 day(s) Pill Line Only
	Indication: Transgender, validated male to female		
184568-FLX	Gabapentin 600 MG Tab	03/10/2016 14:43	***pill line*** Take three tablets (1800 MG) by mouth twice daily ***crush/empty*** x 30 day(s) Pill Line Only
	Indication: Other specified idiopathic peripheral neuropathy, Nerve pain, neuralgia neuritis, radiculitis		
190465-FLX	metroNIDAZOLE 500 MG Tab	03/10/2016 14:43	Take one tablet by mouth twice daily for 15 days x 7 day(s) Pill Line Only
	Indication: Cellulitis, unspecified		
184570-FLX	Mometasone Furoate Inhal 220 MCG/Inh (60 doses)	03/10/2016 14:43	Inhale 2 puffs by mouth twice daily - rinse mouth after use x 30 day(s)
	Indication: Asthma, unspecified		

Inmate Name: PINSON, JEREMY VAUGHN
 Date of Birth: [REDACTED]
 Encounter Date: 03/10/2016 14:43

Sex: M
 Provider: Waldman, J. RN

Reg #: 16267-064
 Race: WHITE
 Facility: ALP

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
184571-FLX	Perphenazine 8 MG Tab	03/10/2016 14:43	***pill line*** Take one tablet by mouth each evening *Consent form on file * x 30 day(s) Pill Line Only Indication: Adjustment Disorders: With Mixed Disturbance Of Emotions And Conduct
190467-FLX	Pregabalin 75 MG Cap UD	03/10/2016 14:43	***pill line*** Take one capsule by mouth twice daily ***crush/empty*** - last dose 4/1/16 MORNING - nonformulary expires 11/5/16 x 30 day(s) Pill Line Only Indication: Transgender, validated male to female, Seizure disorder, other convulsions, History of other injury, Schizoaffective disorder, Unspecified disorder of cranial nerves
187972-FLX	Progesterone Micronized Cap 100 MG	03/10/2016 14:43	***pill line*** Take two capsules (200 MG) by mouth each morning x 30 day(s) Pill Line Only Indication: Transgender, validated male to female, Gender Dysphoria In Adolescents And Adults
188637-FLX	Trihexyphenidyl 2 MG Tab	03/10/2016 14:43	***pill line*** Take two tablets (4 MG) by mouth twice daily x 30 day(s) Pill Line Only Indication: Unspecified Anxiety Disorder, Antisocial Personality Disorder
185959-FLX	Cephalexin 500 MG Cap	03/10/2016 14:43	Take two capsules (1000 MG) by mouth twice daily for 7 days (USP) x 7 day(s) Indication: Perforation of intestine

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Medication Reconciliation	03/10/2016 15:30	Physician

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Buschman, Brian MD
Telephone or Verbal order read back and verified.

Completed by Waldman, J. RN on 03/10/2016 15:30
 Requested to be cosigned by Buschman, Brian MD.
 Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	██████████	Sex:	M
Encounter Date:	03/10/2016 14:43	Provider:	Waldman, J. RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 03/11/2016 13:44.

Screenings have been acknowledged.

Ex. 3, Attach. A, p. 220

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____

Transfer Date: 03/08/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Validated from review of BEMR/PDS reports and diagnostic impressions, updated to match current preferred coding.	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Unspecified unsatisfactory restoration of tooth	Current
Unspecified unsatisfactory restoration of tooth	Current
#30	
Constipation, unspecified	Current
I/M states he is constipated and feels like he will be for a long time.	
Nerve pain, neuralgia neuritis, radiculitis	Current
left radial to the hand	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Headache	Current
R/O Chr. maxillary Sinusitis	
Epistaxis	Current
Orthopnea	Current
Abdominal pain	Current
Acute Abdomen	
Open wound of scrotum and testes, complicated	Current
self inflicted 02:30 today, purported insertion of two glass FB, 2mm each.	
Contusion of unspecified site	Current
Nose. right cervical neck, lumbar back on the right, right patella, right ankle	
Psychosocial and environmental problems	Current
Psychosocial and environmental problems	Current
incarceration	
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
GAF 51 - 70	Current
Cellulitis, unspecified	Current
abdominal incision drainage, foul	
History of other injury	Current
Physical restraints status	Current
Patient placed in 4-point restraints on 8/31/2015 at 0800.	
Gen psych exam, see health prob list	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Acetaminophen 325 MG Tab Exp: 03/10/2016 SIG: Take two tablets (650 MG) by mouth four times daily for 14 days AS NEEDED - no refills

Acetaminophen/Codeine 300/30MG Tab UD Exp: 03/08/2016 SIG: ***pill line*** Take two tablets, by mouth twice daily for 3 days ***crush/empty***

- last dose 3/8/16 MORNING ***pill line***

Ex. 3, Attach. A, p. 221

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 11/07/2016 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed

Estradiol 0.1 MG/24HR Patch (Once-weekly) Exp: 06/13/2016 SIG: ***pill line*** Apply one patch transdermally once weekly on Wednesdays

- nonformulary expires 11/20/16 ***pill line***

Gabapentin 600 MG Tab Exp: 05/11/2016 SIG: ***pill line*** Take three tablets (1800 MG) by mouth twice daily ***crush/empty*** ***pill line***

metroNIDAZOLE 500 MG Tab Exp: 03/17/2016 SIG: Take one tablet by mouth twice daily for 15 days ***pill line***

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 05/11/2016 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

Perphenazine 8 MG Tab Exp: 05/11/2016 SIG: ***pill line*** Take one tablet by mouth each evening *Consent form on file * ***pill line***

Pregabalin 75 MG Cap UD Exp: 04/01/2016 SIG: ***pill line*** Take one capsule by mouth twice daily ***crush/empty***

- last dose 4/1/16 MORNING

- nonformulary expires 11/5/16 ***pill line***

Progesterone Micronized Cap 100 MG Exp: 07/12/2016 SIG: ***pill line*** Take two capsules (200 MG) by mouth each morning ***pill line***

QUETiapine 100 MG Tab Exp: 07/02/2016 SIG: ***pill line*** ***crush/empty*** Take one tablet by mouth each evening ***pill line***

QUETiapine 200 MG TAB Exp: 05/17/2016 SIG: ***pill line*** Take two tablets (400 MG) by mouth each evening ***crush/empty*** *Consent form on file * ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 07/30/2016 SIG: ***pill line*** Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

Date	Time	Activity	Provider
08/14/2015	00:00	Optometry Exam	Optometrist
03/02/2016	00:00	Follow-up	MLP 05
04/01/2016	00:00	Pain Management	MLP 05
05/04/2016	00:00	Chronic Care Visit	Physician 03
06/09/2016	00:00	PPD Administration	Nurse
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
03/07/2016	14:12	Diagnostic and Care Level Formulation	Brockman, Andrea PhD

Pending Non-Medication Orders:

Order	Order Date	Frequency	Duration	Details
Wound Care	03/02/2016	Daily	15 days	redress draining midline abdominal wound. May apply antibiotic ointment over the incision, abdominal pads to absorb fluid drainage, 4x4's tape

TB Clearance: Yes

Last PPD Date: 06/09/2015	Induration: 0mm
Last Chest X-Ray Date: _____	Results: _____
TB Treatment: _____	Sx free for 30 days: Yes
TB Follow-up Recommended: No	

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cleared for Food Service: No

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Ex. 3, Attach. A, p. 222**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Allergies

Potassium Chloride
Fish-derived Products
Peanut-containing Drug Products
Shellfish-derived Products

Devices / Equipment

Eye Glasses
Cane

Travel:

Direct Travel: No
Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: FLORENCE HIGH USP Phone Number: 7197849454
Address 1: 5880 HWY 67 S
Address 2:
City/State/Zip: FLORENCE, Colorado 81226

Name/Title of Person Completing Form: Rattan, Sattinder MLP Date: 03/07/2016

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 DOB: 02/06/1986 Sex: M

Ex. 3, Attach. A, p. 223

Bureau of Prisons Health Services Inmate ISDS Report

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____

Transfer Date: 03/31/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Validated from review of BEMR/PDS reports and diagnostic impressions, updated to match current preferred coding.	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Abdominal pain	Current
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
Irritable bowel syndrme	Current
History of other injury	Current
repeated self harm in past	

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

clonazepam 1 MG Tab UD Exp: 04/24/2016 SIG: Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

Dicyclomine HCL 20 MG Tab Exp: 09/21/2016 SIG: Take one tablet by mouth two times a day ***self carry***

DULoxetine Delayed Rel 30 MG Cap Exp: 04/07/2016 SIG: Take one capsule by mouth at noon for 14 days *Consent form on file * 3/23/16 ***pill line***

DULoxetine Delayed Rel 60 MG Cap Exp: 09/19/2016 SIG: Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***pill line*** ***pill line***

Estradiol 0.1 MG/24HR Patch (Once-weekly) Exp: 09/19/2016 SIG: Apply one patch transdermally and change once weekly on Wednesdays

- nonformulary expires 11/20/16

Gabapentin 300 MG CAP Exp: 04/06/2016 SIG: Take three capsules (900 MG) by mouth twice daily for 14 days ***pill line***

Gabapentin 400 MG CAP UD Exp: 04/20/2016 SIG: Take one capsule by mouth two times a day for 14 days ***pill line***

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Pregabalin 100 MG Cap UD Exp: 04/22/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16 ***pill line***

Spironolactone 25 MG Tab Exp: 03/17/2017 SIG: Take one tablet by mouth twice daily ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments**Ex. 3, Attach. A, p. 224**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Date	Time	Activity	Provider
03/12/2016	00:00	Optometry Exam	Optometrist 01
04/12/2016	00:00	Follow-up	MLP 01
04/20/2016	00:00	Chart_Review	Physician 01
04/27/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
04/27/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
06/09/2016	00:00	PPD Administration	Nurse
06/23/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC

TB Clearance: Yes

Last PPD Date: 06/09/2015

Last Chest X-Ray Date: _____

TB Treatment: _____

TB Follow-up Recommended: No

Induration: 0mm

Results: _____

Sx free for 30 days: Yes

Sickle Cell:Sickle Cell Trait/Disease: Not applicable.
FOR ISDS ONLY**Limitations/Restrictions/Diets:**

Cleared for Food Service: No

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Allergies**

Potassium Chloride

Fish-derived Products

Peanut-containing Drug Products

Shellfish-derived Products

Devices / Equipment

Eye Glasses

Cane

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP

Phone Number: 5705470963

Address 1: RT 15,2 MILES N OF

Address 2: ALLENWOOD

City/State/Zip: _____

ALLENWOOD, Pennsylvania
17810

Name/Title of Person Completing Form: Gaylor, Jesse RN

Date: 03/31/2016

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

DOB: 02/06/1986

Sex: M

Bureau of Prisons Health Services Inmate ISDS Report

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: ISDS

Transfer Date: 04/06/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Validated from review of BEMR/PDS reports and diagnostic impressions, updated to match current preferred coding.	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Abdominal pain	Current
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
Irritable bowel syndrme	Current
History of other injury	Current
repeated self harm in past	

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

clonazepam 1 MG Tab UD Exp: 04/24/2016 SIG: Take one tablet by mouth twice daily ***crush/empty***

*Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

DULoxetine Delayed Rel 30 MG Cap Exp: 04/07/2016 SIG: Take one capsule by mouth at noon for 14 days

*Consent form on file * 3/23/16 ***pill line***

DULoxetine Delayed Rel 60 MG Cap Exp: 09/19/2016 SIG: Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***pill line***

Estradiol 0.1 MG/24HR Patch (Once-weekly) Exp: 09/19/2016 SIG: Apply one patch transdermally and change once weekly on Wednesdays

- nonformulary expires 11/20/16

Gabapentin 400 MG CAP UD Exp: 04/20/2016 SIG: Take one capsule by mouth two times a day for 14 days

pill line

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***

Pregabalin 100 MG Cap UD Exp: 04/22/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16 ***pill line***

Spirolactone 25 MG Tab Exp: 03/17/2017 SIG: Take one tablet by mouth twice daily ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
03/12/2016	00:00	Optometry Exam	Optometrist 01
04/12/2016	00:00	Follow-up	MLP 01

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Date	Time	Activity	Provider
04/20/2016	00:00	Chart_Review	Physician 01
04/27/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
04/27/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
06/09/2016	00:00	PPD Administration	Nurse
06/23/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
04/05/2016	10:34	Clinical Intervention - Clinical Contact	Handel, Alysia Psy.D.

TB Clearance: Yes

Last PPD Date: 06/09/2015

Last Chest X-Ray Date: _____

TB Treatment: _____

TB Follow-up Recommended: No

Induration: 0mm

Results: _____

Sx free for 30 days: Yes

Sickle Cell:Sickle Cell Trait/Disease: Not applicable.
FOR ISDS ONLY**Limitations/Restrictions/Diets:**

Other Housing Status Restrictions: Hormone TX --- permanent

Cleared for Food Service: No

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Allergies**

Potassium Chloride

Fish-derived Products

Peanut-containing Drug Products

Shellfish-derived Products

Bentyl

Devices / Equipment

Eye Glasses

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP

Phone Number: 5705470963

Address 1: RT 15,2 MILES N OF

Address 2: ALLENWOOD

City/State/Zip: _____

ALLENWOOD, Pennsylvania
17810

Name/Title of Person Completing Form: Potope, James HSA/NREMT-P

Date: 04/06/2016

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

DOB: 02/06/1986

Sex: M

**Bureau of Prisons
Health Services
Inmate Local Hospital**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: GMC

Transfer Date: 05/25/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Started Estradiol in December 2015	
Started on Progesterone in January 2016, switched to Spironolactone in March 2016	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Abdominal pain	Current
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
Irritable bowel syndrme	Current
Other fatigue	Current
History of other injury	Current
repeated self harm in past	

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

clonazepam 0.5 MG Tab UD Exp: 06/17/2016 SIG: Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty*** ***pill line***

clonazepam 1 MG Tab UD Exp: 06/17/2016 SIG: Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry***

Estradiol 2 MG Tab Exp: 10/10/2016 SIG: Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

OXcarbazepine 300 MG Tab Exp: 10/31/2016 SIG: Take one tablet (300 MG) by mouth two times a day for seizures ***pill line*** ***pill line***

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Pregabalin 100 MG Cap UD Exp: 06/08/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Spironolactone 25 MG Tab Exp: 03/17/2017 SIG: Take one tablet by mouth two times a day ***pill line*** ***Do Not Crush*** ***pill line*** ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
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Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Date	Time	Activity	Provider
05/23/2016	00:00	Optometry Exam	Optometrist 01
06/06/2016	00:00	Chart_Review	Physician 01
06/09/2016	00:00	PPD Administration	Nurse
06/23/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
10/24/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
10/24/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
04/27/2017	00:00	Optometry Exam	Optometrist 01
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
05/25/2016	13:01	Clinical Encounter	Camp, Stevie RN
05/25/2016	12:49	Clinical Encounter	Buschman, Brian MD
05/24/2016	10:25	Clinical Intervention - Individual Therapy	Handel, Alysia Psy.D.
05/20/2016	15:46	SHU Review	Mitchell, John PsyD/Chief Psychologist

TB Clearance: Yes

Last PPD Date: 06/09/2015

Last Chest X-Ray Date: _____

TB Treatment: _____

TB Follow-up Recommended: No

Induration: 0mm

Results: _____

Sx free for 30 days: Yes

Sickle Cell:Sickle Cell Trait/Disease: Not applicable.
FOR ISDS ONLY**Limitations/Restrictions/Diets:**

Other Housing Status Restrictions: Hormone TX --- permanent

Cleared for Food Service: Yes

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Allergies**

Potassium Chloride

Fish-derived Products

Peanut-containing Drug Products

Shellfish-derived Products

Bentyl

Devices / Equipment

Eye Glasses

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP

Phone Number: 5705470963

Address 1: RT 15,2 MILES N OF

Address 2: ALLENWOOD

City/State/Zip: _____

ALLENWOOD, Pennsylvania

Ex. 3, Attach. A, p. 229

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

17810

Name/Title of Person Completing Form: Camp, Stevie RN

Date: 05/25/2016

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

DOB: 02/06/1986

Sex: M

Ex. 3, Attach. A, p. 230

**Bureau of Prisons
Health Services
Inmate Local Hospital**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____

Transfer Date: 06/05/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Started Estradiol in December 2015	
Started on Progesterone in January 2016, switched to Spironolactone in March 2016	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Abdominal pain	Current
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
Irritable bowel syndrme	Current
Other fatigue	Current
Foreign body in genitourinary tract	Current
S/P surgical excision 5/25/16	
History of other injury	Current
repeated self harm in past	

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

clonazepam 0.5 MG Tab UD Exp: 06/17/2016 SIG: Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty*** ***pill line***

clonazepam 1 MG Tab UD Exp: 06/17/2016 SIG: Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** ***pill line***

Estradiol 2 MG Tab Exp: 10/10/2016 SIG: Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17 ***pill line***

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

OXcarbazepine 300 MG Tab Exp: 10/31/2016 SIG: Take one tablet (300 MG) by mouth two times a day for seizures ***pill line*** ***pill line***

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Pregabalin 100 MG Cap UD Exp: 06/08/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Spironolactone 25 MG Tab Exp: 03/17/2017 SIG: Take one tablet by mouth two times a day ***pill line*** ***Do Not Crush*** ***pill line*** ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Ex. 3, Attach. A, p. 231

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Pending Appointments

Date	Time	Activity	Provider
05/23/2016	00:00	Optometry Exam	Optometrist 01
06/06/2016	00:00	Chart_Review	Physician 01
06/07/2016	12:30	PPD Administration	Nurse
06/23/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
10/24/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
10/24/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
04/27/2017	00:00	Optometry Exam	Optometrist 01
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
06/02/2016	14:01	Clinical Intervention - Clinical Contact	Mitchell, John PsyD/Chief Psychologist
05/20/2016	15:46	SHU Review	Mitchell, John PsyD/Chief Psychologist

Pending Non-Medication Orders:

Order	Order Date	Frequency	Duration	Details
Suture Removal	06/03/2016	One Time		Remove sutures and staples on 6/6/16.

TB Clearance: Yes

Last PPD Date: 06/09/2015	Induration: 0mm
Last Chest X-Ray Date: _____	Results: _____
TB Treatment: _____	Sx free for 30 days: Yes
TB Follow-up Recommended: No	

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Other Housing Status Restrictions: Hormone TX --- permanent
 Cleared for Food Service: Yes
 MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Allergies**

Potassium Chloride
 Fish-derived Products
 Peanut-containing Drug Products
 Shellfish-derived Products
 Bentyl

Devices / Equipment

Eye Glasses

Travel:

Direct Travel: No
 Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP	Phone Number: 5705470963
Address 1: RT 15,2 MILES N OF	
Address 2: ALLENWOOD	
City/State/Zip: ALLENWOOD, Pennsylvania	

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Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

17810

Name/Title of Person Completing Form: Martinez, Andrea RN

Date: 06/05/2016

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 DOB: 02/06/1986 Sex: M

Ex. 3, Attach. A, p. 233

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: THP

Transfer Date: 07/18/2016

Health Problems

<u>Health Problem</u>	<u>Status</u>
Transgender, validated male to female	Current
Hx: Started Estradiol in December 2015	
Started on Progesterone in January 2016, switched to Spironolactone in March 2016	
Other specified idiopathic peripheral neuropathy	Current
S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	
Ocular hypertension	Current
OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	
Regular astigmatism	Current
OD=OS.	
Asthma, unspecified	Current
This dx is highly suspect; I find no supporting documentation.	
Seizure disorder, other convulsions	Current
I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	
Abdominal pain	Current
Unspecified Anxiety Disorder	Current
Antisocial Personality Disorder	Current
Gender Dysphoria In Adolescents And Adults	Current
Irritable bowel syndrme	Current
Other fatigue	Current
Foreign body in genitourinary tract	Current
S/P surgical excision 5/25/16	
History of other injury	Current
repeated self harm in past	

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

**Acetaminophen 325 MG Tab Exp: 07/16/2016 SIG: Take two tablets (650 MG) by mouth twice daily AS
NEEDED ***pill line*** ***pill line*****

**Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four
times daily as needed ***pill line*****

**clonazepam 0.5 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (0.5 MG) by mouth at noon with 1mg =
1.5mg *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line*****

**clonazepam 1 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (1 MG) by mouth at noon with 0.5mg -
1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***pill line*****

**clonazepam 2 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (2 MG) by mouth at bedtime *consent form
on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line*****

**DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every
day *consent form on file * 3/23/16 ***self carry*** ***pill line*****

Estradiol 1 MG Tab Exp: 12/14/2016 SIG: Take three tablets (3 MG) by mouth twice daily *pill line*** ***non-
formulary approved*** exp 4/8/17 ***pill line*****

Finasteride 1 MG TAB Exp: 12/18/2016 SIG: Take one tablet (1 MG) by mouth daily *non-formulary
approved*** exp 6/17/17 ***pill line*****

**Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice
daily - rinse mouth after use**

**OXcarbazepine 300 MG Tab Exp: 10/31/2016 SIG: Take one tablet (300 MG) by mouth two times a day for
seizures ***pill line*** ***pill line*****

**Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file
* 10/16/14 ***pill line*** ***pill line*****

Pregabalin 100 MG Cap UD Exp: 07/31/2016 SIG: Take two capsules (200 MG) by mouth twice daily *Do
Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line*****

Spironolactone 50 MG Tab Exp: 12/18/2016 SIG: Take one tablet (50 MG) by mouth twice daily *non-**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

formulary approved*** exp 6/17/17 ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
07/27/2016	00:00	Chart_Review	Physician 01
08/18/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
10/24/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
10/24/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
04/27/2017	00:00	Optometry Exam	Optometrist 01
06/09/2017	00:00	PPD Administration	Nurse
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
06/24/2016	09:19	Consultation	Handel, Alysia Psy.D.

TB Clearance: Yes

Last PPD Date: 06/09/2016

Last Chest X-Ray Date: _____

TB Treatment: _____

TB Follow-up Recommended: No

Induration: 0mm

Results: _____

Sx free for 30 days: Yes

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cleared for Food Service: Yes

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:**Allergies**

Potassium Chloride

Fish-derived Products

Peanut-containing Drug Products

Shellfish-derived Products

Bentyl

Devices / Equipment

Eye Glasses

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP

Phone Number: 5705470963

Address 1: RT 15,2 MILES N OF

Address 2: ALLENWOOD

City/State/Zip: _____

ALLENWOOD, Pennsylvania

Ex. 3, Attach. A, p. 235

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

17810

Name/Title of Person Completing Form: Bennett-Meehan, Jody PA-C

Date: 07/14/2016

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

DOB: 02/06/1986

Sex: M

Ex. 3, Attach. A, p. 236

Bureau of Prisons**Health Services****Vitals All****Begin Date:** 03/01/2016**End Date:** 08/01/2016**Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused	0.0		Pierce, Stacie PA-C
Orig Entered: 07/19/2016 15:40 EST Pierce, Stacie PA-C					
07/13/2016	11:22 ALX	97.4	36.3		Buschman, Brian MD
Orig Entered: 07/13/2016 11:23 EST Buschman, Brian MD					
07/11/2016	10:30 ALX	98.9	37.2		Buschman, Brian MD
Orig Entered: 07/11/2016 13:00 EST Buschman, Brian MD					
07/08/2016	11:24 ALX	98.3	36.8	Tympanic	Nolte, Kristi RN
Orig Entered: 07/08/2016 12:59 EST Nolte, Kristi RN					
07/03/2016	10:15 ALX	98.5	36.9	Oral	Camp, Stevie RN
Orig Entered: 07/03/2016 10:26 EST Camp, Stevie RN					
06/07/2016	15:13 ALX	98.4	36.9		Leshner, Michael EMT-P
Orig Entered: 06/07/2016 15:15 EST Leshner, Michael EMT-P					
06/05/2016	21:40 ALX	98.3	36.8	Oral	Martinez, Andrea RN
Orig Entered: 06/05/2016 22:32 EST Martinez, Andrea RN					
05/25/2016	21:50 ALX	98.2	36.8	Oral	Rishel, Richard NRP
Orig Entered: 05/25/2016 21:59 EST Rishel, Richard NRP					
04/13/2016	09:00 ALX	98.3	36.8		Bennett-Meehan, Jody PA-C
Orig Entered: 04/13/2016 13:08 EST Bennett-Meehan, Jody PA-C					
03/17/2016	11:06 ALX	98.1	36.7		Stahl, Elizabete DO FACP, Clinical
Orig Entered: 03/17/2016 11:08 EST Stahl, Elizabete DO FACP, Clinical Director					
03/05/2016	14:15 FLX	99.1	37.3		Johnson, Kameron NREMT-P
Orig Entered: 03/06/2016 21:05 EST Johnson, Kameron NREMT-P					
03/02/2016	13:20 FLX	Unavailabl	0.0		Oba, D. MD
Orig Entered: 03/02/2016 15:21 EST Oba, D. MD					

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/19/2016	14:39 OKL	Refused			Pierce, Stacie PA-C
Orig Entered: 07/19/2016 15:40 EST Pierce, Stacie PA-C					
07/17/2016	06:18 ALX	78	Radial		Martinez, Andrea RN
Orig Entered: 07/17/2016 06:20 EST Martinez, Andrea RN					
07/14/2016	15:41 ALX	76	Radial	Regular	Rishel, Richard NRP
Orig Entered: 07/14/2016 15:42 EST Rishel, Richard NRP					
07/13/2016	11:22 ALX	81			Buschman, Brian MD
Orig Entered: 07/13/2016 11:23 EST Buschman, Brian MD					
07/11/2016	10:30 ALX	64			Buschman, Brian MD
Orig Entered: 07/11/2016 13:00 EST Buschman, Brian MD					
07/08/2016	20:14 ALX	72	Radial	Regular	Nolte, Kristi RN
Orig Entered: 07/08/2016 20:16 EST Nolte, Kristi RN					
07/08/2016	11:24 ALX	92	Via Machine	Regular	Nolte, Kristi RN
Orig Entered: 07/08/2016 12:59 EST Nolte, Kristi RN					
07/03/2016	10:15 ALX	92	Via Machine		Camp, Stevie RN
Orig Entered: 07/03/2016 10:26 EST Camp, Stevie RN					

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Begin Date: 03/01/2016

End Date: 08/01/2016

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/07/2016	15:13 ALX	84			Leshner, Michael EMT-P
Orig Entered: 06/07/2016 15:15 EST Leshner, Michael EMT-P					
06/07/2016	12:05 ALX	118	Via Machine		Camp, Stevie RN
Orig Entered: 06/07/2016 12:06 EST Camp, Stevie RN					
06/06/2016	18:52 ALX	84			Leshner, Michael EMT-P
Orig Entered: 06/06/2016 18:53 EST Leshner, Michael EMT-P					
06/05/2016	21:40 ALX	91	Via Machine		Martinez, Andrea RN
Orig Entered: 06/05/2016 22:32 EST Martinez, Andrea RN					
05/25/2016	21:50 ALX	98	Via Machine	Irregular	Rishel, Richard NRP
Orig Entered: 05/25/2016 21:59 EST Rishel, Richard NRP					
05/25/2016	13:26 ALX	127	Via Machine		Camp, Stevie RN
Orig Entered: 05/25/2016 13:27 EST Camp, Stevie RN					
05/25/2016	12:45 ALX	118	Via Machine		Camp, Stevie RN
Orig Entered: 05/25/2016 13:01 EST Camp, Stevie RN					
05/09/2016	15:53 ALX	90	Radial		Waldman, J. RN
Orig Entered: 05/09/2016 15:55 EST Waldman, J. RN					
04/18/2016	14:15 ALX	88	Radial	Regular	Donlin, Edward EMT-P
Orig Entered: 04/18/2016 14:56 EST Donlin, Edward EMT-P					
04/13/2016	09:00 ALX	101			Bennett-Meehan, Jody PA-C
Orig Entered: 04/13/2016 13:08 EST Bennett-Meehan, Jody PA-C					
03/22/2016	08:19 ALX	62			Buschman, Brian MD
Orig Entered: 03/22/2016 08:28 EST Buschman, Brian MD					
03/17/2016	11:06 ALX	69			Stahl, Elizabete DO FACP,
Orig Entered: 03/17/2016 11:08 EST Stahl, Elizabete DO FACP, Clinical Director					
03/05/2016	14:15 FLX	87			Johnson, Kameron NREMT-P
Orig Entered: 03/06/2016 21:05 EST Johnson, Kameron NREMT-P					
03/02/2016	13:20 FLX	99	Via Machine		Oba, D. MD
Orig Entered: 03/02/2016 15:21 EST Oba, D. MD					

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/19/2016	14:39 OKL	18	Pierce, Stacie PA-C
Orig Entered: 07/19/2016 15:40 EST Pierce, Stacie PA-C			
07/17/2016	06:18 ALX	16	Martinez, Andrea RN
Orig Entered: 07/17/2016 06:20 EST Martinez, Andrea RN			
07/14/2016	15:41 ALX	16	Rishel, Richard NRP
Orig Entered: 07/14/2016 15:42 EST Rishel, Richard NRP			
07/08/2016	20:14 ALX	16	Nolte, Kristi RN
Orig Entered: 07/08/2016 20:16 EST Nolte, Kristi RN			
07/03/2016	10:15 ALX	18	Camp, Stevie RN
Orig Entered: 07/03/2016 10:26 EST Camp, Stevie RN			
06/07/2016	15:13 ALX	16	Leshner, Michael EMT-P
Orig Entered: 06/07/2016 15:15 EST Leshner, Michael EMT-P			
06/07/2016	12:05 ALX	18	Camp, Stevie RN
Orig Entered: 06/07/2016 12:06 EST Camp, Stevie RN			
06/06/2016	18:52 ALX	16	Leshner, Michael EMT-P
Orig Entered: 06/06/2016 18:53 EST Leshner, Michael EMT-P			

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Begin Date: 03/01/2016

End Date: 08/01/2016

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Date	Time	Rate Per Minute	Provider
06/05/2016	21:40 ALX	18	Martinez, Andrea RN
Orig Entered: 06/05/2016 22:32 EST Martinez, Andrea RN			
05/25/2016	21:50 ALX	16	Rishel, Richard NRP
Orig Entered: 05/25/2016 21:59 EST Rishel, Richard NRP			
05/25/2016	13:26 ALX	18	Camp, Stevie RN
Orig Entered: 05/25/2016 13:27 EST Camp, Stevie RN			
05/25/2016	12:45 ALX	18	Camp, Stevie RN
Orig Entered: 05/25/2016 13:01 EST Camp, Stevie RN			
05/09/2016	15:53 ALX	18	Waldman, J. RN
Orig Entered: 05/09/2016 15:55 EST Waldman, J. RN			
04/18/2016	14:15 ALX	18	Donlin, Edward EMT-P
Orig Entered: 04/18/2016 14:56 EST Donlin, Edward EMT-P			
04/13/2016	09:00 ALX	18	Bennett-Meehan, Jody PA-C
Orig Entered: 04/13/2016 13:08 EST Bennett-Meehan, Jody PA-C			
03/17/2016	11:06 ALX	14	Stahl, Elizabete DO FACP, Clinical Director
Orig Entered: 03/17/2016 11:08 EST Stahl, Elizabete DO FACP, Clinical Director			
03/05/2016	14:15 FLX	14	Johnson, Kameron NREMT-P
Orig Entered: 03/06/2016 21:05 EST Johnson, Kameron NREMT-P			
03/02/2016	13:20 FLX	16	Oba, D. MD
Orig Entered: 03/02/2016 15:21 EST Oba, D. MD			

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/19/2016	14:39 OKL	Refused				Pierce, Stacie PA-C
Orig Entered: 07/19/2016 15:40 EST Pierce, Stacie PA-C						
07/17/2016	06:18 ALX	120/82	Right Arm	Standing		Martinez, Andrea RN
Orig Entered: 07/17/2016 06:20 EST Martinez, Andrea RN						
07/13/2016	11:22 ALX	119/81				Buschman, Brian MD
Orig Entered: 07/13/2016 11:23 EST Buschman, Brian MD						
07/11/2016	10:30 ALX	108/74				Buschman, Brian MD
Orig Entered: 07/11/2016 13:00 EST Buschman, Brian MD						
07/08/2016	11:24 ALX	122/85				Nolte, Kristi RN
Orig Entered: 07/08/2016 12:59 EST Nolte, Kristi RN						
07/03/2016	10:15 ALX	131/91		Sitting	Adult-regular	Camp, Stevie RN
Orig Entered: 07/03/2016 10:26 EST Camp, Stevie RN						
06/07/2016	15:13 ALX	124/84				Leshner, Michael EMT-P
Orig Entered: 06/07/2016 15:15 EST Leshner, Michael EMT-P						
06/07/2016	12:05 ALX	117/85	Right Arm	Standing	Adult-large	Camp, Stevie RN
Orig Entered: 06/07/2016 12:06 EST Camp, Stevie RN						
06/05/2016	21:40 ALX	105/71	Right Arm	Sitting		Martinez, Andrea RN
Orig Entered: 06/05/2016 22:32 EST Martinez, Andrea RN						
05/25/2016	21:50 ALX	124/82	Left Arm	Sitting	Adult-large	Rishel, Richard NRP
Orig Entered: 05/25/2016 21:59 EST Rishel, Richard NRP						
05/25/2016	13:26 ALX	134/77	Left Arm	Lying	Adult-large	Camp, Stevie RN
Orig Entered: 05/25/2016 13:27 EST Camp, Stevie RN						
05/25/2016	12:45 ALX	124/80	Right Arm	Sitting	Adult-regular	Camp, Stevie RN
Orig Entered: 05/25/2016 13:01 EST Camp, Stevie RN						
04/13/2016	09:00 ALX	121/77				Bennett-Meehan, Jody PA-C
Orig Entered: 04/13/2016 13:08 EST Bennett-Meehan, Jody PA-C						

Ex. 3, Attach. A, p. 239

Begin Date: 03/01/2016

End Date: 08/01/2016

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Date	Time	Value	Location	Position	Cuff Size	Provider
03/22/2016	08:19 ALX	124/78				Buschman, Brian MD
Orig Entered: 03/22/2016 08:28 EST Buschman, Brian MD						
03/17/2016	11:06 ALX	106/73				Stahl, Elizabete DO FACP,
Orig Entered: 03/17/2016 11:08 EST Stahl, Elizabete DO FACP, Clinical Director						
03/05/2016	14:15 FLX	125/71				Johnson, Kameron NREMT-P
Orig Entered: 03/06/2016 21:05 EST Johnson, Kameron NREMT-P						
03/02/2016	13:20 FLX	113/80	Left Arm	Sitting	Adult-large	Oba, D. MD
Orig Entered: 03/02/2016 15:21 EST Oba, D. MD						

Wright Peak Flow:

Date	Time	Attempt 1	Attempt 2	Attempt 3	Effort	Bronchodilator	Provider
03/22/2016	08:19 ALX	700				Without	Buschman, Brian MD
Orig Entered: 03/22/2016 08:28 EST Buschman, Brian MD							

SaO2:

Date	Time	Value(%)	Air	Provider
07/19/2016	14:39 OKL	Refused		Pierce, Stacie PA-C
Orig Entered: 07/19/2016 15:40 EST Pierce, Stacie PA-C				
07/08/2016	11:24 ALX	99	Oxygen 2 L	Nolte, Kristi RN
Orig Entered: 07/08/2016 12:59 EST Nolte, Kristi RN				
06/07/2016	12:05 ALX	99	Room Air	Camp, Stevie RN
Orig Entered: 06/07/2016 12:06 EST Camp, Stevie RN				
06/05/2016	21:40 ALX	100	Room Air	Martinez, Andrea RN
Orig Entered: 06/05/2016 22:32 EST Martinez, Andrea RN				
05/25/2016	21:50 ALX	98	Room Air	Rishel, Richard NRP
Orig Entered: 05/25/2016 21:59 EST Rishel, Richard NRP				
04/13/2016	09:00 ALX	99		Bennett-Meehan, Jody PA-C
Orig Entered: 04/13/2016 13:08 EST Bennett-Meehan, Jody PA-C				
03/05/2016	14:15 FLX	94		Johnson, Kameron NREMT-P
Orig Entered: 03/06/2016 21:05 EST Johnson, Kameron NREMT-P				
03/02/2016	13:20 FLX	97	Room Air	Oba, D. MD
Orig Entered: 03/02/2016 15:21 EST Oba, D. MD				

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
03/22/2016	08:19 ALX	267.0	121.1		Buschman, Brian MD
Orig Entered: 03/22/2016 08:28 EST Buschman, Brian MD					
03/17/2016	11:06 ALX	266.0	120.7		Stahl, Elizabete DO FACP, Clinical Director
Orig Entered: 03/17/2016 11:08 EST Stahl, Elizabete DO FACP, Clinical Director					

Bureau of Prisons**Health Services****PPDs****Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Admin:</u>	<u>Location</u>	<u>Provider</u>	<u>Reading:</u>	<u>Induration</u>	<u>Provider</u>
06/05/2017 12:07	Left Forearm	Miller, Chantil RN	06/07/2017 09:51	0 mm	Tennis, Tia RN
Orig Entered: 06/05/2017 13:09 EST Miller, Chantil RN			Annual TST given and assessed for s/s of TB. NO noted or complaint of TB s/s (NO/DENIED cough, chest pain, SOB, temperatures, weight loss, etc.) Orig Entered: 06/07/2017 11:51 EST Tennis, Tia RN		
06/07/2016 14:05	Left Forearm	Waldman, J. RN	06/09/2016 12:27	0 mm	Martinez, Andrea RN
Orig Entered: 06/07/2016 14:07 EST Waldman, J. RN			Orig Entered: 06/09/2016 12:27 EST Martinez, Andrea RN		
06/03/2015 16:14	Left Forearm	Moisant, Timothy Supervisory	06/09/2015 09:08	0 mm	Moisant, Timothy Supervisory Clinical
Orig Entered: 06/03/2015 18:15 EST Moisant, Timothy Supervisory Clinical Nurse			Orig Entered: 06/09/2015 11:08 EST Moisant, Timothy Supervisory Clinical Nurse		
06/07/2014 08:00	Left Forearm	Camacho, R. MLP	06/09/2014 14:22	0 mm	Lindgren, Carol RN
no signs and symptoms of TB disease Orig Entered: 06/07/2014 16:18 EST Camacho, R. MLP			Denies fever, cough, night sweats, blood tinged sputum. Orig Entered: 06/09/2014 16:22 EST Lindgren, Carol RN		
05/17/2013 08:00	Left Forearm	Huddleston, R. EMT	05/19/2013 20:28	0 mm	Andreis, M. RN
Orig Entered: 05/17/2013 15:14 EST Huddleston, R. EMT			Orig Entered: 05/19/2013 22:28 EST Andreis, M. RN		
05/05/2012 18:15	Left Forearm	Hightower, Sylvia RN	05/09/2012 12:45	0 mm	Hart, Violet RN
Orig Entered: 05/05/2012 19:16 EST Hightower, Sylvia RN			Orig Entered: 05/09/2012 13:45 EST Hart, Violet RN		
05/01/2011 20:25	Left Forearm	King, B. EMT-B	05/03/2011 20:30	0 mm	King, B. EMT-B
Orig Entered: 05/01/2011 22:26 EST King, B. EMT-B			Orig Entered: 05/03/2011 22:30 EST King, B. EMT-B		
05/05/2010 10:11	Left Forearm	Cook, Bradley RN/IDC	05/07/2010 12:46	0 mm	Cook, Bradley RN/IDC
Orig Entered: 05/05/2010 11:12 EST Cook, Bradley RN/IDC			Orig Entered: 05/07/2010 13:46 EST Cook, Bradley RN/IDC		
05/26/2009 13:58	Right Forearm	Flagg, Helen RN	05/28/2009 19:15	0 mm	Flagg, Helen RN
Orig Entered: 05/26/2009 13:59 EST Flagg, Helen RN			Orig Entered: 05/28/2009 19:15 EST Flagg, Helen RN		
05/30/2008 19:17	Left Forearm	Hightower, Sylvia RN	06/01/2008 21:35	0 mm	Ross, Tara RN/SCRO
Orig Entered: 05/30/2008 20:18 EST Hightower, Sylvia RN			Orig Entered: 06/01/2008 22:35 EST Ross, Tara RN/SCRO		

Total: 10**Ex. 3, Attach. A, p. 241**

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Ord. Date 03/05/16 14:00 Exp. Date 03/08/16 13:59 FLX Order	Oba, D. MD 300/30mg Orally - Two Times a Day x 3 day(s) Pill Line Only -- Take two tablets by mouth twice daily. First dose administered on 05MAR2016 @ 1700	0600						O KLJ																											
		1630					1 KLJ 17:00	1 KLJ 19:17																											
Ord. Date 03/05/16 10:00 Exp. Date 03/08/16 09:59 FLX 190836- FLX	Oba, D. MD ***pill line*** Take two tablets by mouth twice daily for 3 days ***crush/empty*** - last dose 3/8/16 MORNING	0600						2 KLJ 11:39	2 KLJ 21:12																										
		1630						2 KLJ 20:25																											
Ord. Date 03/24/16 06:00 Exp. Date 04/07/16 05:59 ALX 422172- ALX	Buschman, Brian MD Take one capsule by mouth at noon for 14 days *Consent form on file * 3/23/16	0600																						1 CPC 05:54	1 EJD 08:42	1 JRG 08:27	1 BAW 06:15	1 CPC 06:17	1 CPC 06:10	1 CPC 05:54					
Ord. Date 03/23/16 07:51 Exp. Date 03/25/16 08:18 ALX 422170- ALX	Buschman, Brian MD Take one tablet by mouth two times a day ***pill line***	0600																						1 CPC 05:54	1 CPC 05:54										
		1700																						1 RLR 16:56	1 CST 17:35										

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 12/16/15 02:00 Exp. Date 03/09/16 16:47 FLX 185950-FLX	Oba, D. MD	0600		1 HJL 09:05																													
	pill line Apply one patch transdermally once weekly on Wednesdays - nonformulary expires 11/20/16																																
	Estradiol 0.1 MG/24HR Patch (Once-weekly)																																
Ord. Date 03/23/16 07:55 Exp. Date 04/06/16 07:54 ALX 422174-ALX	Buschman, Brian MD	0600																							3 CPC 05:54	3 CPC 05:54	3 EJD 08:42	3 JRG 08:27	3 BAW 06:15	3 CPC 06:17	3 CPC 06:10	3 CPC 05:54	
	Take three capsules (900 MG) by mouth twice daily for 14 days	1700																						3 RLR 16:56	3 CST 17:35	3 MJL 17:00	3 SDC 18:10	3 EJD 17:07	3 EJD 17:18	3 KRN 16:55	3 KRN 17:01	3 ARM 18:00	
	Gabapentin 300 MG CAP																																
Ord. Date 11/13/15 10:00 Exp. Date 03/09/16 16:47 FLX 184568-FLX	Oba, D. MD	0600	3 HJL 12:09	3 HJL 09:05	3 HJL 08:50	3 HJL 09:30	3 KMM 09:59	3 RBB 08:55	3 KLJ 11:39	3 KLJ 21:12																							
	pill line Take three tablets (1800 MG) by mouth twice daily ***crush/empty***	1630	3 KMM 18:10	3 KLJ 17:56	3 KLJ 18:00	3 KLJ 22:11	3 KLJ 20:09	3 KLJ 17:54	3 KLJ 20:24	3 KLJ 21:17																							
	Gabapentin 600 MG Tab																																
Ord. Date 03/11/16 07:17 Exp. Date 03/23/16 07:56 ALX 420654-ALX	Buschman, Brian MD	0600											3 EJD 08:20	3 EJD 08:45	3 BAW 06:18	3 CPC 05:56	3 CPC 06:17	3 CPC 05:54	3 CPC 05:54	3 MJL 08:18	3 MJL 08:15	3 JLB 06:20	3 JLB 05:56	3 CPC 06:10									
	Take three tablets (1800 MG) by mouth twice daily (intake) ***crush/empty*** **pill line***	1700										3 RLR 16:47	3 JRG 17:01	3 EJD 17:33	3 MJL 17:38	3 MJL 17:03	3 JRG 16:57	3 EJD 16:55	3 JRG 16:58	3 CST 17:03	3 RLR 16:35	3 MJL 17:24	3 EJD 17:05										
	Gabapentin 600 MG Tab UD																																

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshar, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

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Medication Orders			Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 11/13/15 07:18 Exp. Date 03/09/16 16:47 FLX 184571- FLX	Oba, D. MD ***pill line*** Take one tablet by mouth each evening *Consent form on file *	1630	1 KMM 18:10	1 KLJ 17:56	1 KLJ 18:00	1 KLJ 22:11	1 KLJ 20:09	1 KLJ 17:54	1 KLJ 20:24	1 KLJ 21:17																								
	Perphenazine 8 MG Tab																																	
Ord. Date 03/11/16 07:19 Exp. Date 03/23/16 07:59 ALX 420656- ALX	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700											1 RLR 16:47	1 JRG 17:01	1 EJD 17:33	1 MJL 17:38	1 MJL 17:03	1 JRG 16:57	1 EJD 16:55	1 JRG 16:58	1 CST 17:03	1 RLR 16:35	1 MJL 17:24	1 EJD 17:05										
	Perphenazine 8 MG Tab																																	
Ord. Date 03/23/16 07:58 Exp. Date 07/18/16 16:52 ALX 422176- ALX	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700																							1 RLR 16:56	1 CST 17:35	1 MJL 17:00	1 SDC 18:10	1 EJD 17:07	1 EJD 17:18	1 KRN 16:55	1 KRN 17:01	1 ARM 18:00	
	Perphenazine 8 MG Tab																																	
Ord. Date 03/11/16 13:00 Exp. Date 03/23/16 08:00 ALX 420877- ALX	Stahl, Elizabete DO FACP, Take one capsule by mouth at noon ***crush/empty*** **non-formulary approved*** exp 11/5/16	0600													1 ARM 07:00	1 BAW 06:00	1 CPC 05:56	1 CPC 06:17	1 CPC 05:54	1 CPC 05:54	1 MJL 08:18	1 MJL 08:15	1 JLB 06:20	1 JLB 05:56	1 CPC 06:10									
	Pregabalin 50 MG Cap UD																																	

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 03/02/16 10:00 Exp. Date 03/09/16 16:47 FLX 190467- FLX	Oba, D. MD ***pill line*** Take one capsule by mouth twice daily ***crush/empty*** - last dose 4/1/16 MORNING - nonformulary expires 11/5/16 Pregabalin 75 MG Cap UD	0600				1 HJL 08:50	1 HJL 09:30	1 KMM 10:00	1 RBB 08:56	1 KLJ 11:39	1 KLJ 21:12																							
		1630			1 KLJ 17:56	1 KLJ 18:00	1 KLJ 22:12	1 KLJ 20:09	1 KLJ 17:55	1 KLJ 20:25	1 KLJ 21:18																							
Ord. Date 03/11/16 13:00 Exp. Date 03/23/16 08:00 ALX 420878- ALX	Stahl, Elizabete DO FACP, Take one capsule by mouth each evening ***crush/empty*** ****non-formulary approved*** exp 11/5/16 Pregabalin 100 MG Cap UD	1700													1 MJL 17:38	1 MJL 17:03	1 JRG 16:57	1 EJD 16:55	1 JRG 16:58	1 CST 17:03	1 RLR 16:35	1 MJL 17:24	1 EJD 17:05											
Ord. Date 03/23/16 07:59 Exp. Date 04/11/16 09:05 ALX 422177- ALX	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16 Pregabalin 100 MG Cap UD	0600																							2 CPC 05:54	2 CPC 05:54	2 EJD 08:42	2 JRG 08:27	2 BAW 06:15	2 CPC 06:17	2 CPC 06:10	2 CPC 05:54		
		1700																							2 RLR 16:56	2 CST 17:35	2 MJL 17:00	2 SDC 18:10	2 EJD 17:07	2 EJD 17:18	2 KRN 16:55	2 KRN 17:01	2 ARM 18:00	
Ord. Date 03/11/16 13:00 Exp. Date 04/10/16 12:59 ALX Order	Stahl, Elizabete DO FACP, 100mg Orally each evening x 30 day(s) Pill Line Only Pregabalin Capsule	1700											1 RLR 16:47	1 JRG 17:01	1 EJD 17:33																			

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

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16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 03/11/16 13:00 Exp. Date 04/10/16 12:59	Stahl, Elizabete DO FACP, 50mg Orally each morning x 30 day(s) Pill Line Only	0600												¹ EJD 08:19																			
ALX																																	
Order	Pregabalin Capsule																																
Ord. Date 01/14/16 10:00 Exp. Date 03/09/16 16:47	Oba, D. MD ***pill line*** Take two capsules (200 MG) by mouth each morning	0600	² HJL 12:09	² HJL 09:05	² HJL 08:50	² HJL 09:30	² KMM 09:59	² RBB 08:55	² KLJ 11:39	² KLJ 21:12																							
FLX																																	
187972- FLX	Progesterone Micronized Cap 100 MG																																
Ord. Date 03/11/16 10:00 Exp. Date 03/17/16 11:42	Buschman, Brian MD Take two capsules (200 MG) by mouth at noon ***non-formulary approved*** expires 12/24/16	0600												² EJD 08:20	² EJD 08:45	² BAW 06:18	² CPC 05:56	² CPC 06:17	² CPC 05:54														
ALX																																	
420753- ALX	Progesterone Micronized Cap 100 MG																																
Ord. Date 01/04/16 10:00 Exp. Date 03/09/16 16:47	Oba, D. MD ***pill line*** ***crush/empty*** Take one tablet by mouth each evening	1630	¹ KMM 18:10	^R KLJ	^R KLJ	^R KLJ	^R KLJ	^R KLJ	^R KLJ	^R KLJ																							
FLX																																	
187208- FLX	QUETiapine 100 MG Tab																																

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 11/19/15 10:00 Exp. Date 03/09/16 16:47 FLX 184852- FLX	Oba, D. MD ***pill line*** Take two tablets (400 MG) by mouth each evening ***crush/empty*** *Consent form on file *	1630	2 KMM 18:10	R KLJ	R KLJ	R KLJ	R KLJ	R KLJ	R KLJ	R KLJ																								
Ord. Date 03/17/16 11:41 Exp. Date 04/08/16 13:06 ALX 421527- ALX	Stahl, Elizabete DO FACP, Take one tablet by mouth twice daily	0600																	1 CPC 05:54	1 MJL 08:18	1 MJL 08:15	1 JLB 06:20	1 JLB 05:56	1 CPC 06:10	1 CPC 05:54	1 CPC 05:54	1 EJD 08:42	1 JRG 08:27	1 BAW 06:15	1 CPC 06:17	1 CPC 06:10	1 CPC 05:54		
		1700																1 EJD 16:55	1 JRG 16:58	1 CST 17:03	1 RLR 16:35	1 MJL 17:24	1 EJD 17:05	1 RLR 16:56	1 CST 17:35	1 MJL 17:00	1 SDC 18:10	1 EJD 17:07	1 EJD 17:18	1 KRN 16:55	1 KRN 17:01	1 ARM 18:00		
Ord. Date 02/01/16 10:00 Exp. Date 03/09/16 16:47 FLX 188637- FLX	Oba, D. MD ***pill line*** Take two tablets (4 MG) by mouth twice daily	0600	2 HJL 12:09	2 HJL 09:05	2 HJL 08:50	2 HJL 09:30	2 KMM 10:00	2 RBB 08:55	2 KLJ 11:39	2 KLJ 21:12																								
		1630	2 KMM 18:10	2 KLJ 17:56	2 KLJ 18:00	2 KLJ 22:12	2 KLJ 20:09	2 KLJ 17:55	2 KLJ 20:25	2 KLJ 21:18																								
Ord. Date 03/11/16 07:21 Exp. Date 03/23/16 08:01 ALX 420657- ALX	Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily	0600											2 EJD 08:20	2 EJD 08:45	2 BAW 06:18	2 CPC 05:56	2 CPC 06:17	2 CPC 05:54	2 CPC 05:54	2 MJL 08:18	2 MJL 08:15	2 JLB 06:20	2 JLB 05:56	2 CPC 06:10										
		1700											2 RLR 16:47	2 JRG 17:01	2 EJD 17:33	2 MJL 17:38	2 MJL 17:03	2 JRG 16:57	2 EJD 16:55	2 JRG 16:58	2 CST 17:03	2 RLR 16:35	2 MJL 17:24	2 EJD 17:05										

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshar, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 03/23/16 08:00 Exp. Date 07/18/16 16:52 ALX 422178-ALX	Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily Trihexyphenidyl 2 MG Tab	0600																									2 CPC 05:54	2 CPC 05:54	2 EJD 08:42	2 JRG 08:27	2 BAW 06:15	2 CPC 06:17	2 CPC 06:10	2 CPC 05:54
		1700																								2 RLR 16:56	2 CST 17:35	2 MJL 17:00	2 SDC 18:10	2 EJD 17:07	2 EJD 17:18	2 KRN 16:55	2 KRN 17:01	2 ARM 18:00
Ord. Date 03/25/16 12:27 Exp. Date 04/20/16 08:41 ALX 422731-ALX	Sharretts, Ray DO Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 clonazepam 1 MG Tab UD	0600																										1 EJD 08:42	1 JRG 08:27	1 BAW 06:15	1 CPC 06:17	1 CPC 06:10	1 CPC 05:54	
		1700																									1 MJL 17:00	1 SDC 18:10	1 EJD 17:08	1 EJD 17:18	1 KRN 16:55	1 KRN 17:01	1 ARM 18:00	
Ord. Date 03/02/16 13:43 Exp. Date 03/09/16 16:47 FLX 190465-FLX	Oba, D. MD Take one tablet by mouth twice daily for 15 days metroNIDAZOLE 500 MG Tab	0600			1 HJL 08:40	1 HJL 09:30	1 KMM 10:00	1 RBB 08:55	1 KLJ 11:39	1 KLJ 21:12																								
		1630		0 KLJ	1 KLJ 18:00	1 KLJ 22:12	1 KLJ 20:09	1 KLJ 17:55	1 KLJ 20:25	1 KLJ 21:18																								
Ord. Date 03/11/16 05:00 Exp. Date 03/18/16 04:59 ALX 420651-ALX	Buschman, Brian MD Take one tablet by mouth twice daily (continuation of prior Rx scheduled to end 3/17/16) ***pill line*** metroNIDAZOLE 500 MG Tab	0600												1 EJD 08:20	1 EJD 08:45	1 BAW 06:18	1 CPC 05:56	1 CPC 06:17	1 CPC 05:54															
		1700											1 RLR 16:47	1 JRG 17:01	1 EJD 17:33	1 MJL 17:38	1 MJL 17:04	1 JRG 16:57	1 EJD 16:55															

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshar, M.

Documentation Codes: R = Refused | O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MARCH 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 03/02/16 10:00 Exp. Date 03/05/16 09:59 FLX 190466- FLX	Oba, D. MD ***pill line*** Take two tablets by mouth twice daily for 3 days ***crush/empty*** - last dose 3/5/16 MORNING oxyCODONE/Acetaminophen 5/325 MG Tab UD	0600			2 HJL 08:49	2 HJL 09:30	2 KMM 10:00																										
		1630		2 KLJ 17:56	2 KLJ 18:00	2 KLJ 22:12																											
Ord. Date 03/23/16 07:51 Exp. Date 03/23/17 07:50 ALX 422169- ALX	Buschman, Brian MD shake well and Inhale 2 puffs by mouth four times daily as needed Albuterol Inhaler HFA (6.7 GM) 90mcg	PRN																															

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Medication Administration Record

MARCH 2016

Rx#:	Pill Line Date:	PillLine:	Provider:	Entered Date:	Comments:
190465-FLX	03/02/2016	Pill Line 3	KLJ	03/02/2016 19:57 EST	Medication unavailable
Order	03/05/2016	Pill Line 3	KLJ	03/06/2016 21:15 EST	First dose was administered on 05MAR2016 at 1700
Order	03/06/2016	Pill Line 1	KLJ	03/06/2016 21:17 EST	Dose was not administered

Providers: SDC = Camp, S. | JRG = Gaylor, J. | KMM = McKeever, K. | HJL = Lewis, H. | RLR = Rishel, R. | KLJ = Johnson, K. | KRN = Nolte, K. | RBB = Boling, R. | CST = Trump, C. | ARM = Martinez, A. | BAW = Wood, B. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Pt. Name: PINSON, JEREMY

Registration #: 16267-064

DOB: 02/06/86

Allergies: No Known Allergies

16267-064 PINSON, JEREMY

Medication Administration Record

APRIL 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 03/24/16 06:00 Exp. Date 04/07/16 05:59 ALX 422172- ALX	Buschman, Brian MD Take one capsule by mouth at noon for 14 days *Consent form on file * 3/23/16	0600	1 CPC 05:56	1 JTW 09:10	1 MJL 08:16	1 JDH 06:06	1 CPC 06:01	1 CPC 06:15																										
Ord. Date 04/06/16 06:00 Exp. Date 04/08/16 13:04 ALX 422171- ALX	Buschman, Brian MD Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***pill line***	0600						1 CPC 05:59	1 CPC 05:51																									
Ord. Date 04/08/16 13:03 Exp. Date 04/26/16 08:00 ALX 424723- ALX	Stahl, Elizabete DO FACP, Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***Do Not Crush*** **pill line***	0600								1 RLR 08:37	1 RLR 08:11	1 JLB 06:08	1 JDH 06:45	1 JLB 06:43	1 JLB 06:52																			
		1030														1 SLS 11:40	1 MJL 11:19	1 SDC 11:34	1 SLS 10:47	1 SLS 10:30	1 SLS 10:41	1 SLS 11:25	1 SLS 10:38	1 JRG 12:05	1 JRG 11:11	1 SLS 10:47	1 SLS 10:51							
Ord. Date 04/26/16 07:59 Exp. Date 10/23/16 07:58 ALX 427157- ALX	Wood, B. PA-C Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry***																																	

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

APRIL 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 04/13/16 07:44 Exp. Date 06/17/16 13:02 ALX 425199- ALX	Stahl, Elizabete DO FACP, Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17	0600															1 JLB 06:52																	
		1030																1 SLS 11:40	1 MJL 11:19	O SDC	1 SLS 10:47	1 SLS 10:30												
		1700														1 RLR 18:34	1 ARM 19:39	1 ARM 20:37	1 JTW 20:00	1 JTW 20:33	1 ARM 21:22	1 ARM 20:39												
Ord. Date 03/23/16 07:55 Exp. Date 04/06/16 07:54 ALX 422174- ALX	Buschman, Brian MD Take three capsules (900 MG) by mouth twice daily for 14 days	0600	3 CPC 05:56	3 JTW 09:10	3 MJL 08:16	3 JDH 06:06	3 CPC 06:01	3 CPC 06:16																										
		1700	3 EJD 16:59	3 CST 17:21	3 JTW 16:52	3 EJD 17:00	3 SDC 17:59																											
Ord. Date 04/06/16 07:56 Exp. Date 04/20/16 07:55 ALX 422173- ALX	Buschman, Brian MD Take one capsule by mouth two times a day for 14 days	0600						1 CPC 05:59	1 CPC 05:51	1 RLR 08:37	1 RLR 08:11	1 JLB 06:08	1 JDH 06:45	1 JLB 06:43	1 JLB 06:52																			
		1030															1 SLS 11:40	1 MJL 11:19	1 SDC 11:34	1 SLS 10:47	1 SLS 10:30													
		1700						1 SDC 16:39	1 KRN 18:08	1 JTW 16:36	1 RLR 16:52	1 ARM 16:40	1 MJL 17:43	1 SDC 17:30	1 RLR 18:34	1 ARM 19:39	1 ARM 20:37	1 JTW 20:00	1 JTW 20:33	1 ARM 21:22	1 ARM 20:39													
Ord. Date 03/23/16 07:58 Exp. Date 07/18/16 16:52 ALX 422176- ALX	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700	1 EJD 16:59	1 CST 17:22	1 JTW 16:52	1 EJD 17:00	1 SDC 17:59	1 SDC 16:39	1 KRN 18:08	1 JTW 16:36	1 RLR 16:52	1 ARM 16:40	1 MJL 17:43	1 SDC 17:30	1 RLR 18:34	1 ARM 19:39	1 ARM 20:37	1 JTW 20:00	1 JTW 20:33	1 ARM 21:22	1 ARM 20:39	1 ARM 19:44	1 SDC 20:31	1 JTW 19:45	1 JTW 20:46	1 ARM 19:40	1 JTW 20:44	1 JTW 19:37	1 ARM 20:50	1 RLR 19:44	1 ARM 20:32	1 ARM 19:37		

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

APRIL 2016

Medication Orders			Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 03/23/16 07:59 Exp. Date 04/11/16 09:05 ALX 422177-ALX Pregabalin 100 MG Cap UD	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16	0600	2 CPC 05:56	2 JTW 09:11	2 MJL 08:16	2 JDH 06:06	2 CPC 06:01	2 CPC 06:16	2 CPC 05:59	2 CPC 05:51	2 RLR 08:37	2 RLR 08:11	2 JLB 06:08																						
		1700	2 EJD 16:59	2 CST 17:22	2 JTW 16:52	2 EJD 17:00	2 SDC 17:59	2 SDC 16:39	2 KRN 18:08	2 JTW 16:36	2 RLR 16:52	2 ARM 16:40																							
Ord. Date 04/11/16 09:04 Exp. Date 04/20/16 08:41 ALX 424816-ALX Pregabalin 100 MG Cap UD	Stahl, Elizabete DO FACP, Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600												2 JDH 06:45	2 JLB 06:43	2 JLB 06:52																			
		1030																2 SLS 11:40	2 MJL 11:19	2 SDC 11:34	2 SLS 10:47	2 SLS 10:30													
		1700												2 MJL 17:43	2 SDC 17:30	2 RLR 18:34	2 ARM 19:39	2 ARM 20:37	2 JTW 20:00	2 JTW 20:33	2 ARM 21:22	2 ARM 20:39													
Ord. Date 04/20/16 08:40 Exp. Date 05/09/16 12:41 ALX 426240-ALX Pregabalin 100 MG Cap UD	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	1030																				2 SLS 10:41	2 SLS 11:25	2 SLS 10:38	2 JRG 12:05	2 JRG 11:11	2 SLS 10:47	2 SLS 10:51	2 SLS 10:35	2 JMH 11:04	2 SLS 10:54	2 JRG 11:12			
		2000																				2 ARM 19:44	2 SDC 20:31	2 JTW 19:45	2 JTW 20:46	2 ARM 19:40	2 JTW 20:44	2 JTW 19:37	2 ARM 20:50	2 RLR 19:44	2 ARM 20:32	2 ARM 19:38			
Ord. Date 03/17/16 11:41 Exp. Date 04/08/16 13:06 ALX 421527-ALX Spironolactone 25 MG Tab	Stahl, Elizabete DO FACP, Take one tablet by mouth twice daily	0600	1 CPC 05:56	1 JTW 09:11	1 MJL 08:16	1 JDH 06:06	1 CPC 06:01	1 CPC 06:16	1 CPC 05:59	1 CPC 05:51																									
		1700	1 EJD 16:59	1 CST 17:22	1 JTW 16:52	1 EJD 17:00	1 SDC 17:59	1 SDC 16:39	1 KRN 18:08																										

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: O = Other

Registration #: 16267-064

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DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

APRIL 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 04/08/16 13:05 Exp. Date 06/20/16 09:16 ALX 424724- ALX Stahl, Elizabeth DO FACP, Take one tablet by mouth two times a day ***pill line*** **Do Not Crush*** **pill line***	0600										1 RLR 08:37	1 RLR 08:11	1 JLB 06:08	1 JDH 06:45	1 JLB 06:43	1 JLB 06:52																		
		1030																1 SLS 11:40	1 MJL 11:19	1 SDC 11:34	1 SLS 10:47	1 SLS 10:30	1 SLS 10:41	1 SLS 11:25	1 SLS 10:38	1 JRG 12:05	1 JRG 11:11	1 SLS 10:47	1 SLS 10:51	1 SLS 10:35	1 JMH 11:04	1 SLS 10:53	1 JRG 11:12	
		1700									1 JTW 16:36	1 RLR 16:52	1 ARM 16:40	1 MJL 17:43	1 SDC 17:30	1 RLR 18:34	1 ARM 19:39	1 ARM 20:37	1 JTW 20:00	1 JTW 20:33	1 ARM 21:22	1 ARM 20:39	1 ARM 19:44	1 SDC 20:31	1 JTW 19:45	1 JTW 20:46	1 ARM 19:40	1 JTW 20:44	1 JTW 19:37	1 ARM 20:50	1 RLR 19:44	1 ARM 20:32	1 ARM 19:38	
Ord. Date 03/23/16 08:00 Exp. Date 07/18/16 16:52 ALX 422178- ALX Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily	0600		2 CPC 05:56	2 JTW 09:11	2 MJL 08:16	2 JDH 06:06	2 CPC 06:01	2 CPC 06:16	2 CPC 05:59	2 CPC 05:51	2 RLR 08:37	2 RLR 08:11	2 JLB 06:08	2 JDH 06:45	2 JLB 06:43	2 JLB 06:52																		
		1030																2 SLS 11:40	2 MJL 11:19	2 SDC 11:34	2 SLS 10:47	2 SLS 10:30	2 SLS 10:41	2 SLS 11:25	2 SLS 10:38	2 JRG 12:05	2 JRG 11:11	2 SLS 10:47	2 SLS 10:51	2 SLS 10:35	2 JMH 11:04	2 SLS 10:53	2 JRG 11:12	
		1700	2 EJD 16:59	2 CST 17:22	2 JTW 16:52	2 EJD 17:00	2 SDC 17:59	2 SDC 16:39	2 KRN 18:08	2 JTW 16:36	2 RLR 16:52	2 ARM 16:40	2 MJL 17:43	2 SDC 17:30	2 RLR 18:35	2 ARM 19:39	2 ARM 20:37	2 JTW 20:00	2 JTW 20:33	2 ARM 21:22	2 ARM 20:39	2 ARM 19:43	2 SDC 20:31	2 JTW 19:45	2 JTW 20:46	2 ARM 19:40	2 JTW 20:44	2 JTW 19:37	2 ARM 20:50	2 RLR 19:44	2 ARM 20:32	2 ARM 19:37		
Ord. Date 03/25/16 12:27 Exp. Date 04/20/16 08:41 ALX 422731- ALX Sharretts, Ray DO Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	0600		1 CPC 05:56	1 JTW 09:11	1 MJL 08:16	1 JDH 06:06	1 CPC 06:01	1 CPC 06:16	1 CPC 05:59	1 CPC 05:51	1 RLR 08:37	1 RLR 08:11	1 JLB 06:08	1 JDH 06:45	1 JLB 06:43	1 JLB 06:52																		
		1030																1 SLS 11:40	1 MJL 11:19	1 SDC 11:34	1 SLS 10:47	1 SLS 10:30												
		1700	1 EJD 16:59	1 CST 17:22	1 JTW 16:52	1 EJD 17:00	1 SDC 17:59	1 SDC 16:39	1 KRN 18:08	1 JTW 16:36	1 RLR 16:52	1 ARM 16:40	1 MJL 17:43	1 SDC 17:30	1 RLR 18:34	1 ARM 19:39	1 ARM 20:37	1 JTW 20:00	1 JTW 20:33	1 ARM 21:22	1 ARM 20:39													
Ord. Date 04/20/16 08:40 Exp. Date 05/09/16 12:40 ALX 426239- ALX Buschman, Brian MD Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	1030																				1 SLS 10:41	1 SLS 11:25	1 SLS 10:38	1 JRG 12:05	1 JRG 11:11	1 SLS 10:47	1 SLS 10:51	1 SLS 10:35	1 JMH 11:04	1 SLS 10:54	1 JRG 11:12			
		2000																					1 ARM 19:44	1 SDC 20:31	1 JTW 19:45	1 JTW 20:46	1 ARM 19:40	1 JTW 20:44	1 JTW 19:37	1 ARM 20:50	1 RLR 19:44	1 ARM 20:32	1 ARM 19:37	

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: O = Other

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/66

16267-064 PINSON, JEREMY

Medication Administration Record

APRIL 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 03/23/16 07:51 Exp. Date 03/23/17 07:50 ALX 422169- ALX	Buschman, Brian MD shake well and Inhale 2 puffs by mouth four times daily as needed Albuterol Inhaler HFA (6.7 GM) 90mcg	PRN																															

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Medication Administration Record

APRIL 2016

Rx#:	Pill Line Date:	PillLine:	Provider:	Entered Date:	Comments:
425199-ALX	04/17/2016	Pill Line 2	SDC	04/17/2016 12:05 EST	medication unavailable.

Providers: JMH = Hein, J. | SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | KRN = Nolte, K. | SLS = Smith, S. | CST = Trump, C. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Documentation Codes: O = Other

Pt. Name: PINSON, JEREMY
Registration #: 16267-064

DOB: 02/06/86

Allergies: No Known Allergies

16267-064 PINSON, JEREMY

Medication Administration Record

MAY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 05/26/16 14:13 Exp. Date 05/29/16 14:12 ALX 431131-ALX	Stahl, Elizabeth DO FACP, Take two tablets by mouth twice daily ***pill line*** **crush/empty*** Acetaminophen/Codeine 300/30MG Tab UD	0600																															
		1700																															
Ord. Date 05/26/16 13:06 Exp. Date 06/02/16 13:05 ALX 431108-ALX	Buschman, Brian MD Take one capsule (500 MG) by mouth three times a day for 7 days ***pill line*** Cephalexin 500 MG Cap	0600																															
		1200																															
		1700																															
Ord. Date 04/26/16 07:59 Exp. Date 07/18/16 16:52 ALX 427157-ALX	Wood, B. PA-C Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** DULoxetine HCl Delayed Rel 60 MG Cap	0600																															
Ord. Date 04/13/16 07:44 Exp. Date 06/17/16 13:02 ALX 425199-ALX	Stahl, Elizabeth DO FACP, Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17 Estradiol 2 MG Tab	0600																															
		1700																															

Providers: SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | MJF = Falat, M. | KRN = Nolte, K. | SLS = Smith, S. | ARM = Martinez, A. | JDH = Holtzaple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MAY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Ord. Date 05/04/16 07:26 Exp. Date 07/18/16 16:52 ALX 428300- ALX	Wood, B. PA-C Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***	0600												1 CPC 06:16	1 CPC 06:00	1 CPC 05:48	1 CPC 05:48	1 JTW 06:59	1 JTW 07:20	1 JLB 06:17	1 JLB 06:05	1 JLB 06:02	1 CPC 05:57	1 CPC 05:54	1 JRG 08:28	1 JRG 07:41	1 JTW 05:50	1 CPC 05:47	1 CPC 05:58	1 CPC 06:03	1 CPC 05:51	1 MJL 11:59	1 MJL 08:43	1 ARM 08:39	1 JDH 05:55
		1030				1 SLS 10:55	1 SLS 10:43	1 SLS 10:52	1 SDC 11:00	1 JRG 11:21	1 SLS 10:38																								
		1700				1 ARM 19:42	1 RLR 20:43	1 JTW 19:39	1 ARM 21:51	1 SDC 19:50	1 JTW 16:43	1 JTW 16:54	1 RLR 16:59	1 MJL 16:24	1 ARM 16:56	1 JRG 19:06	1 MJL 16:48	1 MJL 16:36	1 EJD 17:45	1 RLR 17:20	1 MJL 17:31	1 MJL 16:42	1 JTW 16:35	1 ARM 16:49	1 EJD 17:17	1 RLR 16:46		1 EJD 17:29	1 EJD 18:52	1 MJL 16:39	1 MJL 16:26	1 MJF 16:33	1 JRG 16:41		
		2100																										1 RLR 22:15							
Ord. Date 03/23/16 07:58 Exp. Date 07/18/16 16:52 ALX 422176- ALX	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700	1 RLR 21:00	1 RLR 19:55	1 SDC 20:37	1 ARM 19:42	1 RLR 20:43	1 JTW 19:39	1 ARM 21:51	1 SDC 19:49	1 JTW 16:43	1 JTW 16:54	1 RLR 16:59	1 MJL 16:24	1 ARM 16:56	1 JRG 19:06	1 MJL 16:48	1 MJL 16:36	1 EJD 17:45	1 RLR 17:20	1 MJL 17:31	1 MJL 16:42	1 JTW 16:35	1 ARM 16:49	1 EJD 17:17	1 RLR 16:46		1 EJD 17:29	1 EJD 18:52	1 MJL 16:39	1 MJL 16:26	1 MJF 16:33	1 JRG 16:41		
		2100																										1 RLR 22:15							
Ord. Date 04/20/16 08:40 Exp. Date 05/09/16 12:41 ALX 426240- ALX	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	1030	2 KRN 12:02	2 SLS 11:04	2 SLS 10:57	2 SLS 10:55	2 SLS 10:43	2 SLS 10:52	2 SDC 11:00	2 JRG 11:21	2 SLS 10:38																								
		2000	2 RLR 21:00	2 RLR 19:55	2 SDC 20:37	2 ARM 19:42	2 RLR 20:43	2 JTW 19:39	2 ARM 21:51	2 SDC 19:50																									
Ord. Date 05/09/16 12:40 Exp. Date 06/06/16 11:48 ALX 428839- ALX	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600										2 CPC 06:16	2 CPC 06:00	2 CPC 05:48	2 CPC 05:48	2 JTW 06:59	2 JTW 07:20	2 JLB 06:17	2 JLB 06:05	2 JLB 06:02	2 CPC 05:57	2 CPC 05:54	2 JRG 08:28	2 JRG 07:41	2 JTW 05:50	2 CPC 05:47	2 CPC 05:58	2 CPC 06:03	2 CPC 05:51	2 MJL 11:59	2 MJL 08:43	2 ARM 08:39	2 JDH 05:55		
		1700									2 JTW 16:43	2 JTW 16:54	2 RLR 16:59	2 MJL 16:24	2 ARM 16:56	2 JRG 19:06	2 MJL 16:48	2 MJL 16:36	2 EJD 17:45	2 RLR 17:20	2 MJL 17:31	2 MJL 16:42	2 JTW 16:35	2 ARM 16:50	2 EJD 17:17	2 RLR 16:46		2 EJD 17:29	2 EJD 18:52	2 MJL 16:39	2 MJL 16:26	2 MJF 16:33	2 JRG 16:41		
		2100																										2 RLR 22:15							

Providers: SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | MJF = Falat, M. | KRN = Nolte, K. | SLS = Smith, S. | ARM = Martinez, A. | JDH = Holtzaple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshar, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/66

16267-064 PINSON, JEREMY

Medication Administration Record

MAY 2016

Medication Orders			Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 04/08/16 13:05 Exp. Date 06/20/16 09:16 ALX 424724-ALX	Stahl, Elizabeth DO FACP, Take one tablet by mouth two times a day ***pill line*** **Do Not Crush*** **pill line***	0600												1 CPC 06:16	1 CPC 06:00	1 CPC 05:48	1 CPC 05:48	1 JTW 06:59	1 JTW 07:20	1 JLB 06:17	1 JLB 06:05	1 JLB 06:02	1 CPC 05:57	1 CPC 05:54	1 JRG 08:28	1 JRG 07:41	1 JTW 05:50	1 CPC 05:47	1 CPC 05:58	1 CPC 06:03	1 CPC 05:51	1 MJL 11:59	1 MJL 08:43	1 ARM 08:39	1 JDH 05:55
		1030	1 KRN 11:59	1 SLS 11:04	1 SLS 10:57	1 SLS 10:55	1 SLS 10:41	1 SLS 10:51	1 SDC 11:00	1 JRG 11:21	1 SLS 10:38																								
		1700	1 RLR 21:00	1 RLR 19:55	1 SDC 20:37	1 ARM 19:42	1 RLR 20:43	1 JTW 19:39	1 ARM 21:51	1 SDC 19:49	1 JTW 16:43	1 JTW 16:54	1 RLR 16:59	1 MJL 16:24	1 ARM 16:56	1 JRG 19:06	1 MJL 16:48	1 MJL 16:36	1 EJD 17:45	1 RLR 17:20	1 MJL 17:31	1 MJL 16:42	1 JTW 16:35	1 ARM 16:49	1 EJD 17:17	1 RLR 16:46		1 EJD 17:29	1 EJD 18:52	1 MJL 16:39	1 MJL 16:26	1 MJF 16:33	1 JRG 16:41		
		2100																										1 RLR 22:14							
Ord. Date 03/23/16 08:00 Exp. Date 07/18/16 16:52 ALX 422178-ALX	Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily	0600												2 CPC 06:16	2 CPC 06:00	2 CPC 05:48	2 CPC 05:48	2 JTW 06:59	2 JTW 07:20	2 JLB 06:17	2 JLB 06:05	2 JLB 06:02	2 CPC 05:57	2 CPC 05:54	2 JRG 08:28	2 JRG 07:41	2 JTW 05:50	2 CPC 05:47	2 CPC 05:58	2 CPC 06:03	2 CPC 05:51	2 MJL 11:59	2 MJL 08:42	2 ARM 08:39	2 JDH 05:55
		1030	2 KRN 11:53	2 SLS 11:04	2 SLS 10:57	2 SLS 10:55	2 SLS 10:41	2 SLS 10:51	2 SDC 11:00	2 JRG 11:21	2 SLS 10:38																								
		1700	2 RLR 20:59	2 RLR 19:55	2 SDC 20:37	2 ARM 19:42	2 RLR 20:43	2 JTW 19:39	2 ARM 21:51	2 SDC 19:49	2 JTW 16:43	2 JTW 16:54	2 RLR 16:59	2 MJL 16:24	2 ARM 16:56	2 JRG 19:06	2 MJL 16:48	2 MJL 16:36	2 EJD 17:45	2 RLR 17:20	2 MJL 17:31	2 MJL 16:42	2 JTW 16:35	2 ARM 16:49	2 EJD 17:17	2 RLR 16:46		2 EJD 17:29	2 EJD 18:52	2 MJL 16:39	2 MJL 16:26	2 MJF 16:33	2 JRG 16:41		
		2100																										2 RLR 22:13							
Ord. Date 05/18/16 15:32 Exp. Date 06/08/16 08:18 ALX 429998-ALX	Sharretts, Ray DO Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty***	0600																				1 CPC 05:57	1 CPC 05:54	1 JRG 08:28	1 JRG 07:41	1 JTW 05:50	1 CPC 05:47	1 CPC 05:58	1 CPC 06:03	1 CPC 05:51	1 MJL 11:59	1 MJL 08:43	1 ARM 08:39	1 JDH 05:55	
		1700																			1 RLR 17:20	1 MJL 17:31	1 MJL 16:42	1 JTW 16:35	1 ARM 16:50	1 EJD 17:17	1 RLR 16:46		1 EJD 17:29	1 EJD 18:52	1 MJL 16:39	1 MJL 16:26	1 MJF 16:33	1 JRG 16:41	
		2100																										1 RLR 22:16							
Ord. Date 04/20/16 08:40 Exp. Date 05/09/16 12:40 ALX 426239-ALX	Buschman, Brian MD Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	1030	1 KRN 11:54	1 SLS 11:04	1 SLS 10:57	1 SLS 10:55	1 SLS 10:43	1 SLS 10:52	1 SDC 11:00	1 JRG 11:21	1 SLS 10:38																								
		2000	1 RLR 21:00	1 RLR 19:55	1 SDC 20:37	1 ARM 19:42	1 RLR 20:43	1 JTW 19:39	1 ARM 21:51	1 SDC 19:50																									

Providers: SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | MJF = Falat, M. | KRN = Nolte, K. | SLS = Smith, S. | ARM = Martinez, A. | JDH = Holtzaple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshar, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MAY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 05/09/16 12:40 Exp. Date 05/18/16 14:49 ALX 428837-ALX Buschman, Brian MD Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	0600												1 CPC 06:16	1 CPC 06:00	1 CPC 05:48	1 CPC 05:48	1 JTW 06:59	1 JTW 07:20	1 JLB 06:17	1 JLB 06:05	1 JLB 06:02													
		1700										1 JTW 16:43	1 JTW 16:54	1 RLR 16:59	1 MJL 16:24	1 ARM 16:56	1 JRG 19:06	1 MJL 16:48	1 MJL 16:36	1 EJD 17:45														
Ord. Date 05/18/16 15:29 Exp. Date 06/08/16 08:18 ALX 429997-ALX Sharretts, Ray DO Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	0600																				1 CPC 05:57	1 CPC 05:54	1 JRG 08:28	1 JRG 07:41	1 JTW 05:50	1 CPC 05:47	1 CPC 05:58	1 CPC 06:03	1 CPC 05:51	1 MJL 11:59	1 MJL 08:43	1 ARM 08:39	1 JDH 05:55	
		1700																		1 RLR 17:20	1 MJL 17:31	1 MJL 16:42	1 JTW 16:35	1 ARM 16:50	1 EJD 17:17	1 RLR 16:46		1 EJD 17:29	1 EJD 18:52	1 MJL 16:39	1 MJL 16:26	1 MJF 16:33	1 JRG 16:41	
		2100																									1 RLR 22:16							
Ord. Date 03/23/16 07:51 Exp. Date 03/23/17 07:50 ALX 422169-ALX Buschman, Brian MD shake well and Inhale 2 puffs by mouth four times daily as needed	PRN																																	
Ord. Date 05/25/16 21:56 Exp. Date 05/25/16 21:57 ALX 430997-ALX Buschman, Brian MD 25 mg Intramuscularly Deltoid, Left One Time Dose Given AS NEEDED "See Mar report for administration/documentation"	PRN																																	

Providers: SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | MJF = Falat, M. | KRN = Nolte, K. | SLS = Smith, S. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

MAY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 05/25/16 21:56 Exp. Date 05/25/16 21:55 ALX Order Promethazine Injection	Buschman, Brian MD 25 mg Intramuscularly Deltoid, Left One Time Dose Given PRN x 0 day(s) Pill Line Only	PRN																															

Providers: SDC = Camp, S. | JRG = Gaylor, J. | JTW = Waldman, J. | RLR = Rishel, R. | MJF = Falat, M. | KRN = Nolte, K. | SLS = Smith, S. | ARM = Martinez, A. | JDH = Holtzapple, J. | JLB = Bennett-Meehan, J. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

JUNE 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 06/17/16 14:26 Exp. Date 06/20/16 14:25 ALX 433704- ALX	Buschman, Brian MD Take two tablets by mouth twice daily AS NEEDED ***crush/empty*** Acetaminophen/Codeine 300/30MG Tab UD	0600																		2 EJD 07:35	2 JRG 07:07	2 JDH 05:14												
	1700																		2 SDC 15:34	2 KRN 16:04	2 EJD 15:10													
Ord. Date 05/26/16 13:06 Exp. Date 06/02/16 13:05 ALX 431108- ALX	Buschman, Brian MD Take one capsule (500 MG) by mouth three times a day for 7 days ***pill line*** Cephalexin 500 MG Cap	0600	1 CPC 06:01	1 CPC 05:47																														
	1700	1 JRG 16:33																																
Ord. Date 04/26/16 07:59 Exp. Date 07/18/16 16:52 ALX 427157- ALX	Wood, B. PA-C Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** DULoxetine HCl Delayed Rel 60 MG Cap	0600	1 CPC 06:01	1 CPC 05:47	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00	1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:41	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43	1 CPC 05:48	1 CPC 05:54	1 CPC 05:52	1 CPC 05:53	1 MJL 08:24	1 MJL 07:33	1 JTW 06:00	1 CPC 05:56	1 CPC 05:54	1 CPC 05:56		
Ord. Date 06/17/16 13:01 Exp. Date 07/18/16 16:52 ALX 433654- ALX	Stahl, Elizabeth DO FACP, Take three tablets (3 MG) by mouth twice daily ***pill line*** ***non-formulary approved*** exp 4/8/17 Estradiol 1 MG Tab	0600																		3 EJD 08:41	3 JRG 07:58	3 JTW 05:43	3 CPC 05:48	3 CPC 05:54	3 CPC 05:52	3 CPC 05:53	3 MJL 08:24	3 MJL 07:33	3 JTW 06:00	3 CPC 05:56	3 CPC 05:54	3 CPC 05:56		
	1700																		3 SDC 16:25	3 KRN 16:59	3 KRN 16:52	3 MJL 16:26	3 SDC 17:35	3 JRG 17:00	3 JRG 16:44	3 EJD 16:47	3 JTW 16:34	3 MJL 16:45	3 EJD 16:46	3 JRG 17:17	3 KRN 17:01	3 MJL 16:43		

Providers: SDC = Camp, S. | JRG = Gaylor, J. | ARM = Martinez, A. | JTW = Waldman, J. | BAW = Wood, B. | JDH = Holtzapple, J. | EJD = Donlin, E. | KRN = Nolte, K. | CPC = Craig, C. | MJL = Leshner, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

JUNE 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 04/13/16 07:44 Exp. Date 06/17/16 13:02 ALX 425199- ALX	Stahl, Elizabete DO FACP, Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17	0600	1 CPC 06:01	1 CPC 05:47	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00	1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:41	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11															
		1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:37	1 ARM 16:45	1 ARM 16:49		1 SDC 18:07	1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42																
	Estradiol 2 MG Tab																																	
Ord. Date 06/21/16 08:00 Exp. Date 12/18/16 07:59 ALX 433864- ALX	Stahl, Elizabete DO FACP, Take one tablet (1 MG) by mouth daily ***non- formulary approved*** exp 6/17/17																																	
	Finasteride 1 MG TAB																																	
Ord. Date 05/04/16 07:26 Exp. Date 07/18/16 16:52 ALX 428300- ALX	Wood, B. PA-C Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***	0600	1 CPC 06:01	1 CPC 05:46	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00	1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:41	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43	1 CPC 05:48	1 CPC 05:54	1 CPC 05:52	1 CPC 05:53	1 MJL 08:24	1 MJL 07:33	1 JTW 06:00	1 CPC 05:56	1 CPC 05:54	1 CPC 05:56		
		1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:37	1 ARM 16:45	1 ARM 16:49		1 SDC 18:07	1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52	1 MJL 16:26	1 SDC 17:35	1 JRG 17:00	1 JRG 16:44	1 EJD 16:47	1 JTW 16:34	1 MJL 16:45	1 EJD 16:46	1 JRG 17:16	1 KRN 17:00	1 MJL 16:43		
		2100						1 SDC 20:57																										
	OXcarbazepine 300 MG Tab																																	
Ord. Date 03/23/16 07:58 Exp. Date 07/18/16 16:52 ALX 422176- ALX	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:36	1 ARM 16:45	1 ARM 16:49		1 SDC 18:07	1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52	1 MJL 16:26	1 SDC 17:35	1 JRG 17:00	1 JRG 16:44	1 EJD 16:47	1 JTW 16:34	1 MJL 16:45	1 EJD 16:46	1 JRG 17:16	1 KRN 17:00	1 MJL 16:43		
		2100						1 SDC 20:57																										
	Perphenazine 8 MG Tab																																	

Providers: SDC = Camp, S. | JRG = Gaylor, J. | ARM = Martinez, A. | JTW = Waldman, J. | BAW = Wood, B. | JDH = Holtzapple, J. | EJD = Donlin, E. | KRN = Nolte, K. | CPC = Craig, C. | MJL = Leshner, M.

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

JUNE 2016

Medication Orders			Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 05/09/16 12:40 Exp. Date 06/06/16 11:48 ALX 428839-ALX Pregabalin 100 MG Cap UD	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600	2 CPC 06:01	2 CPC 05:46	2 CPC 05:48	2 JRG 08:02	2 EJD 08:10																												
		1700	2 JRG 16:33	2 SDC 16:50	2 JTW 18:37	2 ARM 16:45	2 ARM 16:49																												
Ord. Date 06/06/16 11:47 Exp. Date 07/01/16 12:44 ALX 432206-ALX Pregabalin 100 MG Cap UD	Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600							2 JTW 05:49	2 CPC 06:00	2 CPC 05:55	2 CPC 05:53	2 MJL 08:06	2 MJL 08:25	2 JDH 06:44	2 CPC 05:42	2 CPC 05:38	2 JDH 05:27	2 BAW 06:11	2 EJD 08:41	2 JRG 07:58	2 JTW 05:43	2 CPC 05:48	2 CPC 05:54	2 CPC 05:52	2 CPC 05:53	2 MJL 08:24	2 MJL 07:33	2 JTW 06:00	2 CPC 05:56	2 CPC 05:54	2 CPC 05:56			
		1700						2 SDC 18:07	2 SDC 17:48	2 JRG 17:56	2 EJD 21:07	2 MJL 16:40	2 MJL 16:48	2 EJD 16:37	2 EJD 18:06	2 KRN 18:07	2 MJL 16:42	2 SDC 16:25	2 KRN 16:59	2 KRN 16:52	2 MJL 16:26	2 SDC 17:35	2 JRG 17:00	2 JRG 16:44	2 EJD 16:47	2 JTW 16:34	2 MJL 16:45	2 EJD 16:46	2 JRG 17:16	2 KRN 17:00	2 MJL 16:43				
		2100						2 SDC 20:57																											
Ord. Date 04/08/16 13:05 Exp. Date 06/20/16 09:16 ALX 424724-ALX Spironolactone 25 MG Tab	Stahl, Elizabete DO FACP, Take one tablet by mouth two times a day ***pill line*** **Do Not Crush*** **pill line***	0600	1 CPC 06:01	1 CPC 05:46	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00	1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:41	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43													
		1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:36	1 ARM 16:45	1 ARM 16:49	1 SDC 18:07	1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52															
		2100						1 SDC 20:57																											
Ord. Date 06/21/16 08:02 Exp. Date 12/18/16 08:01 ALX 433869-ALX Spironolactone 50 MG Tab	Stahl, Elizabete DO FACP, Take one tablet (50 MG) by mouth twice daily ***non-formulary approved*** exp 6/17/17																																		

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Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

JUNE 2016

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Ord. Date 06/07/16 07:57 Exp. Date 06/21/16 07:56 ALX 432339- ALX	Buschman, Brian MD Take one tablet by mouth two times a day for 14 days ***pill line*** Sulfamethoxazole/Trimeth 800mg /160mg tab	0600								1 CPC 06:00	1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:42	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43	1 CPC 05:48											
		1700						1 SDC 18:07	1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52	1 MJL 16:26													
Ord. Date 03/23/16 08:00 Exp. Date 07/18/16 16:52 ALX 422178- ALX	Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily Trihexyphenidyl 2 MG Tab	0600	2 CPC 06:01	2 CPC 05:46	2 CPC 05:48	2 JRG 08:02	2 EJD 08:10		2 JTW 05:49	2 CPC 06:00	2 CPC 05:55	2 CPC 05:53	2 MJL 08:06	2 MJL 08:25	2 JDH 06:44	2 CPC 05:41	2 CPC 05:38	2 JDH 05:27	2 BAW 06:11	2 EJD 08:41	2 JRG 07:58	2 JTW 05:43	2 CPC 05:48	2 CPC 05:54	2 CPC 05:52	2 CPC 05:53	2 MJL 08:24	2 MJL 07:33	2 JTW 06:00	2 CPC 05:56	2 CPC 05:54	2 CPC 05:56		
		1700	2 JRG 16:33	2 SDC 16:50	2 JTW 18:36	2 ARM 16:45	2 ARM 16:49		2 SDC 18:07	2 SDC 17:48	2 JRG 17:56	2 EJD 21:07	2 MJL 16:41	2 MJL 16:48	2 EJD 16:37	2 EJD 18:06	2 KRN 18:07	2 MJL 16:42	2 SDC 16:25	2 KRN 16:59	2 KRN 16:52	2 MJL 16:26	2 SDC 17:35	2 JRG 17:00	2 JRG 16:44	2 EJD 16:47	2 JTW 16:34	2 MJL 16:45	2 EJD 16:46	2 JRG 17:16	2 KRN 17:00	2 MJL 16:43		
		2100						2 SDC 20:57																										
Ord. Date 05/18/16 15:32 Exp. Date 06/08/16 08:18 ALX 429998- ALX	Sharretts, Ray DO Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty*** clonazepam 0.5 MG Tab UD	0600	1 CPC 06:01	1 CPC 05:47	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00																								
		1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:37	1 ARM 16:45	1 ARM 16:49	1 SDC 20:55	1 SDC 18:07																									
Ord. Date 06/08/16 08:17 Exp. Date 06/30/16 14:01 ALX 432503- ALX	Buschman, Brian MD Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***crush/empty*** clonazepam 0.5 MG Tab UD	0600								1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:42	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43	1 CPC 05:48	1 CPC 05:54	1 CPC 05:52	1 CPC 05:53	1 MJL 08:24	1 MJL 07:33	1 JTW 06:00	1 CPC 05:56	1 CPC 05:54	1 CPC 05:56			
		1700							1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52	1 MJL 16:26	1 SDC 17:35	1 JRG 17:00	1 JRG 16:44	1 EJD 16:47	1 JTW 16:34	1 MJL 16:45	1 EJD 16:46	1 JRG 17:16	1 KRN 17:00				

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Ord. Date 06/30/16 14:03 Exp. Date 07/30/16 14:02 ALX 435169- ALX	Sharretts, Ray DO Take one tablet (0.5 MG) by mouth at noon with 1mg = 1.5mg *consent form on file * 3/24/16 ***crush/empty*** **non-formulary approved*** exp 6/6/17																																	
Ord. Date 05/18/16 15:29 Exp. Date 06/08/16 08:18 ALX 429997- ALX	Sharretts, Ray DO Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16	0600	1 CPC 06:01	1 CPC 05:46	1 CPC 05:48	1 JRG 08:02	1 EJD 08:10		1 JTW 05:49	1 CPC 06:00																								
		1700	1 JRG 16:33	1 SDC 16:50	1 JTW 18:37	1 ARM 16:45	1 ARM 16:49		1 SDC 18:07																									
		2100						1 SDC 20:56																										
Ord. Date 06/08/16 08:17 Exp. Date 06/30/16 13:48 ALX 432504- ALX	Buschman, Brian MD Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17	0600							1 CPC 05:55	1 CPC 05:53	1 MJL 08:06	1 MJL 08:25	1 JDH 06:44	1 CPC 05:42	1 CPC 05:38	1 JDH 05:27	1 BAW 06:11	1 EJD 08:41	1 JRG 07:58	1 JTW 05:43	1 CPC 05:48	1 CPC 05:54	1 CPC 05:52	1 CPC 05:53	1 MJL 08:24	1 MJL 07:33	1 JTW 06:00	1 CPC 05:56	1 CPC 05:54	1 CPC 05:56				
		1700						1 SDC 17:48	1 JRG 17:56	1 EJD 21:07	1 MJL 16:40	1 MJL 16:48	1 EJD 16:37	1 EJD 18:06	1 KRN 18:07	1 MJL 16:42	1 SDC 16:25	1 KRN 16:59	1 KRN 16:52	1 MJL 16:26	1 SDC 17:35	1 JRG 17:00	1 JRG 16:44	1 EJD 16:47	1 JTW 16:34	1 MJL 16:45	1 EJD 16:46	1 JRG 17:17	1 KRN 17:00					
Ord. Date 06/30/16 14:00 Exp. Date 07/30/16 13:59 ALX 435170- ALX	Sharretts, Ray DO Take one tablet (1 MG) by mouth at noon with 0.5mg - 1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17																																	

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Ord. Date 06/30/16 14:03 Exp. Date 07/18/16 16:52 ALX 435171- ALX clonazePAM 2 MG Tab UD	Sharretts, Ray DO Take one tablet (2 MG) by mouth at bedtime *consent form on file * 3/24/16 ***crush/empty*** **non-formulary approved*** exp 6/6/17	1700																															1 MJL 16:44
Ord. Date 03/23/16 07:51 Exp. Date 03/23/17 07:50 ALX 422169- ALX Albuterol Inhaler HFA (6.7 GM) 90mcg	Buschman, Brian MD shake well and Inhale 2 puffs by mouth four times daily as needed	PRN																															

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Ord. Date 04/26/16 07:59 Exp. Date 07/18/16 16:52 ALX 427157- ALX	Wood, B. PA-C Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry***	0600	R CPC	1 SDC 08:01	1 SDC 08:48	1 SLS 08:26	1 ARM 05:41	1 CST 05:51	1 ARM 05:41	1 JDH 06:08	1 SDC 07:26	1 SDC 06:31	1 JDH 06:18	1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:57	1 ARM 07:28	1 ARM 07:34	1 JTW 06:01																
Ord. Date 07/19/16 06:29 Exp. Date 07/25/16 13:55 OKL 554573- OKL	Petry, G. MD/CD Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry***	0800																				1 SAW 08:38	1 SAW 13:42	1 SAW 09:12	1 BLL 09:26	1 SDM 09:40	O SAW									
Ord. Date 07/12/16 14:13 Exp. Date 07/13/16 12:53 ALX 436583- ALX	Buschman, Brian MD Take one capsule (100 MG) by mouth two times a day ***pill line***	0600													1 MJF 05:41																					
		1700													1 KRN 17:51																					
Ord. Date 06/17/16 13:01 Exp. Date 07/18/16 16:52 ALX 433654- ALX	Stahl, Elizabeth DO FACP, Take three tablets (3 MG) by mouth twice daily ***pill line*** **non-formulary approved*** exp 4/8/17	0600	3 CPC 05:49	3 SDC 08:01	3 SDC 08:49	3 SLS 08:26	3 ARM 05:41	3 CST 05:51	3 ARM 05:41	3 JDH 06:08	3 SDC 07:26	3 SDC 06:31	3 JDH 06:18	3 MJF 05:45	3 MJF 05:41	3 JDH 06:13	3 JDH 05:58	3 ARM 07:28	3 ARM 07:34	3 JTW 06:01																
		1700	3 MJL 16:49	3 KRN 16:58	3 KRN 16:56	3 RLR 17:41	3 RLR 17:12	3 KRN 16:46	3 KRN 16:47	3 KRN 17:13	3 RLR 18:08	3 RLR 16:52	3 EJD 19:03	3 KRN 17:51	3 RLR 17:44	3 SDC 17:23	3 RLR 16:52	3 KRN 19:16	3 KRN 18:23																	

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Ord. Date 07/19/16 06:30 Exp. Date 07/25/16 13:55 OKL 554574-OKL Estradiol 1 MG Tab	Petry, G. MD/CD	Take three tablets (3 MG) by mouth twice daily ***non-formulary approved*** exp 4/8/17	0800																					3 SAW 08:38	3 SAW 13:42	3 SAW 09:12	3 BLL 09:26	3 SDM 09:40	3 SAW 08:32						
			2000																				3 KLA 18:27	3 KLA 18:57	3 KLA 18:14	3 EAB 19:51	3 BLL 20:36	3 SDM 19:07							
Ord. Date 06/21/16 08:00 Exp. Date 07/18/16 16:52 ALX 433864-ALX Finasteride 1 MG TAB	Stahl, Elizabete DO FACP,	Take one tablet (1 MG) by mouth daily ***non-formulary approved*** exp 6/17/17	0600												1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:58	1 ARM 07:28	1 ARM 07:34	1 JTW 06:01														
Ord. Date 07/19/16 06:30 Exp. Date 07/25/16 13:55 OKL 554576-OKL Finasteride 1 MG TAB	Petry, G. MD/CD	Take one tablet (1 MG) by mouth each morning ***non-formulary approved*** exp 6/17/17	0800																				1 SAW 08:38	1 SAW 13:42	1 SAW 09:12	1 BLL 09:26	1 SDM 09:40	1 SAW 08:32							
Ord. Date 07/19/16 06:31 Exp. Date 07/25/16 13:55 OKL 554578-OKL Mometasone Furoate Inhal 220 MCG/Inh (60	Petry, G. MD/CD	Inhale 2 puffs by mouth twice daily - rinse mouth after use	0800																				0.03 SAW 08:38	R SAW	0.03 SAW 09:12	0.03 BLL 09:26	NS SDM	R SAW							
			2000																				0.03 KLA 18:27	0.03 KLA 18:57	0.03 KLA 18:14	0.03 EAB 19:51	0.03 BLL 20:36	0.03 SDM 19:07							

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Ord. Date 07/26/16 10:02 Exp. Date 08/03/16 07:03 THX 377772- THX	Wilson, William MD/CD Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***	0600																																1 CLM 07:00	1 AWN 07:28				1 CLM 07:51					
		1700																																	1 TM 21:39	1 TM 22:15				1 JMM 22:27	1 BS 21:13			
Ord. Date 05/04/16 07:26 Exp. Date 07/18/16 16:52 ALX 428300- ALX	Wood, B. PA-C Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***	0600		1 CPC 05:49	1 SDC 08:01	1 SDC 08:48	1 SLS 08:26	1 ARM 05:41	1 CST 05:51	1 ARM 05:41	1 JDH 06:08	1 SDC 07:25	1 SDC 06:31	1 JDH 06:17	1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:57	1 ARM 07:28	1 ARM 07:34	1 JTW 06:01																							
		1700		1 MJL 16:49	1 KRN 16:58	1 KRN 16:56	1 RLR 17:41	1 RLR 17:12	1 KRN 16:46	1 KRN 16:47	1 KRN 17:13	1 RLR 18:08	1 RLR 16:52	1 EJD 19:03	1 KRN 17:51	1 RLR 17:44	1 SDC 17:23	1 RLR 16:51	1 KRN 19:16	1 KRN 18:23																								
Ord. Date 07/19/16 06:31 Exp. Date 07/25/16 13:55 OKL 554581- OKL	Petry, G. MD/CD Take one tablet (300 MG) by mouth two times a day for seizures	0800																					1 SAW 08:38	1 SAW 13:42	1 SAW 09:12	1 BLL 09:26	1 SDM 09:40	1 SAW 08:32																
		2000																					1 KLA 18:27	1 KLA 18:57	1 KLA 18:14	1 EAB 19:51	1 BLL 20:36	1 SDM 19:07																
Ord. Date 07/26/16 10:02 Exp. Date 08/03/16 07:03 THX 377774- THX	Wilson, William MD/CD Take one tablet (8 MG) by mouth each evening ***pill line*** ***crush/empty***	1700																																			1 TM 21:39	1 TM 22:15					1 JMM 22:27	1 BS 21:13

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Ord. Date 03/23/16 07:58 Exp. Date 07/18/16 16:52 ALX 422176- ALX Perphenazine 8 MG Tab	Buschman, Brian MD Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line***	1700	1 MJL 16:49	1 KRN 16:58	1 KRN 16:56	1 RLR 17:41	1 RLR 17:12	1 KRN 16:46	1 KRN 16:47	1 KRW 17:14	1 RLR 18:08	1 RLR 16:52	1 EJD 19:03	1 KRN 17:51	1 RLR 17:44	1 SDC 17:23	1 RLR 16:51	1 KRN 19:16	1 KRN 18:23														
Ord. Date 07/19/16 06:34 Exp. Date 07/25/16 13:55 OKL 554582- OKL Perphenazine 8 MG Tab	Petry, G. MD/CD Take one tablet (8 MG) by mouth at bedtime *consent form on file * 10/16/14	2000																			1 KLA 18:27	1 KLA 18:57	1 KLA 18:14	1 EAB 19:51	1 BLL 20:36	1 SDM 19:07							
Ord. Date 07/26/16 10:04 Exp. Date 08/03/16 07:04 THX 377776- THX Pregabalin 50 MG Cap UD	Wilson, William MD/CD Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** **pill line***	0600																											4 CLM 07:00	4 AWN 07:28			4 CLM 07:51
		1700																										4 TM 21:39	4 TM 22:15			4 JMM 22:27	4 BS 21:13
Ord. Date 07/19/16 06:34 Exp. Date 07/25/16 13:55 OKL 554583- OKL Pregabalin 50 MG Cap UD	Petry, G. MD/CD Take four capsules (200 MG) by mouth twice daily ***Do Not Crush***	0800																				4 SAW 08:38	4 SAW 13:42	4 SAW 09:13	4 BLL 09:26	4 SDM 09:34	O SAW						
		2000																			4 KLA 18:27	4 KLA 18:57	4 KLA 18:14	4 EAB 19:51	4 BLL 20:36	4 SDM 19:07							

Providers: SDC = Camp, S. | SAW = White, S. | JTW = Waldman, J. | KLA = Adams, K. | JMM = May, J. | RLR = Rishel, R. | MJF = Falat, M. | BS = Scharff, B. | KRN = Nolte, K. | AME = Edwards, A. | SLS = Smith, S. | EAB = Bolt, E. | CST = Trump, C. | TM = McDaniel, T. | ARM = Martinez, A. | BLL = Leonetti, B. | AWN = Nimz, A. | JDH = Holtzaple, J. | CLM = McGee, C. | SDM = Michael, S. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 06/06/16 11:47 Exp. Date 07/01/16 12:44 ALX 432206- ALX Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600 		2 CPC 05:49																														
Ord. Date 07/01/16 12:43 Exp. Date 07/18/16 16:52 ALX 435357- ALX Buschman, Brian MD Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16	0600 		2 SDC 08:01	2 SDC 08:49	2 SLS 08:26	2 ARM 05:41	2 AME 06:11	2 ARM 05:41	2 JDH 06:08	2 SDC 07:26	2 SDC 06:31	2 JDH 06:18	2 MJF 05:45	2 MJF 05:41	2 JDH 06:13	2 JDH 05:58	2 ARM 07:28	2 ARM 07:34	O JTW														
		1700	2 MJL 16:49	2 KRN 16:58	2 KRN 16:57	2 RLR 17:41	2 RLR 17:12	2 KRN 16:46	2 KRN 16:47	2 KRN 17:14	2 RLR 18:08	2 RLR 16:52	2 EJD 19:03	2 KRN 17:51	2 RLR 17:44	2 SDC 17:23	2 RLR 16:52	2 KRN 19:16	2 KRN 18:23														
Ord. Date 07/26/16 07:50 Exp. Date 08/03/16 07:04 THX 377565- THX Wilson, William MD/CD Take two tablets (50 MG) by mouth twice daily ***pill line***	0600 																																
		1700																															
Ord. Date 07/19/16 06:34 Exp. Date 07/25/16 13:55 OKL 554584- OKL Petry, G. MD/CD Take two tablets (50 MG) by mouth twice daily	0800 																																
		2000																															

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

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Ord. Date 06/21/16 08:02 Exp. Date 07/18/16 16:52 ALX 433869-ALX Stahl, Elizabete DO FACP, Take one tablet (50 MG) by mouth twice daily ***non-formulary approved*** exp 6/17/17	0600													1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:58	1 ARM 07:28	1 ARM 07:34	1 JTW 06:01														
	1700												1 EJD 19:03	1 KRN 17:51	1 RLR 17:44	1 SDC 17:23	1 RLR 16:52	1 KRN 19:16	1 KRN 18:23															
Ord. Date 07/26/16 10:05 Exp. Date 08/03/16 07:04 THX 377777-THX Wilson, William MD/CD Take two tablets (4 MG) by mouth twice daily ***pill line***	0600																												2 CLM 07:00	2 AWN 07:28			2 CLM 07:51	
	1700																											2 TM 21:39	2 TM 22:15			2 JMM 22:27	2 BS 21:13	
Ord. Date 03/23/16 08:00 Exp. Date 07/18/16 16:52 ALX 422178-ALX Buschman, Brian MD Take two tablets (4 MG) by mouth twice daily	0600	2 CPC 05:49	2 SDC 08:01	2 SDC 08:48	2 SLS 08:26	2 ARM 05:41	2 CST 05:51	2 ARM 05:41	2 JDH 06:08	2 SDC 07:25	2 SDC 06:31	2 JDH 06:17	2 MJF 05:45	2 MJF 05:41	2 JDH 06:13	2 JDH 05:57	2 ARM 07:28	2 ARM 07:34	2 JTW 06:01															
	1700	2 MJL 16:49	2 KRN 16:58	2 KRN 16:56	2 RLR 17:41	2 RLR 17:12	2 KRN 16:46	2 KRN 16:47	2 KRN 17:15	2 RLR 18:08	2 RLR 16:52	2 EJD 19:03	2 KRN 17:51	2 RLR 17:44	2 SDC 17:23	2 RLR 16:51	2 KRN 19:16	2 KRN 18:23																
Ord. Date 07/19/16 06:35 Exp. Date 07/25/16 13:55 OKL 554586-OKL Petry, G. MD/CD Take two tablets (4 MG) by mouth twice daily	0800																				2 SAW 08:38	2 SAW 13:42	2 SAW 09:13	2 BLL 09:26	2 SDM 09:40	2 SAW 08:32								
	2000																			2 KLA 18:27	2 KLA 18:57	2 KLA 18:14	2 EAB 19:51	2 BLL 20:36	2 SDM 19:08									

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

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Ord. Date 07/26/16 10:58 Exp. Date 08/03/16 07:02 THX 377807- THX	Wilson, William MD/CD	1100																																3 CLM 11:59	3 AWN 11:30			3 CLM 11:29		
	Take three tablets (1.5 MG) by mouth at noon ***pill line*** ***crush/empty***																																							
	clonazePAM 0.5 MG Tab UD																																							
Ord. Date 07/26/16 10:59 Exp. Date 08/03/16 07:01 THX 377808- THX	Wilson, William MD/CD	1700																																	4 TM 21:39	4 TM 22:15			4 JMM 22:27	4 BS 21:13
	Take four tablets (2 MG) by mouth each evening ***pill line*** ***crush/empty***																																							
	clonazePAM 0.5 MG Tab UD																																							
Ord. Date 06/30/16 14:03 Exp. Date 07/18/16 16:52 ALX 435169- ALX	Sharretts, Ray DO	0600	1 CPC 05:49	1 SDC 08:01	1 SDC 08:49	1 SLS 08:26	1 ARM 05:41	1 CST 05:51	1 ARM 05:41	1 JDH 06:08	1 SDC 07:26	1 SDC 06:31	1 JDH 06:18	1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:58	1 ARM 07:28	1 ARM 07:34	O JTW																				
	Take one tablet (0.5 MG) by mouth at noon with 1mg = 1.5mg *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17																																							
	clonazePAM 0.5 MG Tab UD																																							
Ord. Date 07/19/16 06:26 Exp. Date 07/25/16 13:55 OKL 554568- OKL	Petry, G. MD/CD	1200																			1 SAW 12:40	1 SAW 12:46	1 KLA 15:24	1 SAW 13:16	1 BLL 13:20	1 SDH 13:22														
	crush/empty Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg)																																							
	clonazePAM 0.5 MG Tab UD																																							

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

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Ord. Date 06/30/16 14:00 Exp. Date 07/18/16 16:52 ALX 435170- ALX	Sharretts, Ray DO Take one tablet (1 MG) by mouth at noon with 0.5mg - 1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17	0600	1 CPC 05:49	1 SDC 08:01	1 SDC 08:49	1 SLS 08:26	1 ARM 05:41	1 CST 05:51	1 ARM 05:41	1 JDH 06:08	1 SDC 07:26	1 SDC 06:31	1 JDH 06:18	1 MJF 05:45	1 MJF 05:41	1 JDH 06:13	1 JDH 05:58	1 ARM 07:28	1 ARM 07:34	O JTW													
Ord. Date 07/19/16 06:28 Exp. Date 07/25/16 13:55 OKL 554571- OKL	Petry, G. MD/CD Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty***	1200																			1 SAW 12:40	1 SAW 12:46	O KLA	1 SAW 13:16	1 BLL 13:20	1 SDM 13:22							
Ord. Date 07/19/16 06:29 Exp. Date 07/25/16 13:55 OKL 554572- OKL	Petry, G. MD/CD ***crush/empty*** Take two tablets (2 MG) by mouth at bedtime	2000																			2 KLA 18:27	2 KLA 18:57	2 KLA 18:14	2 EAB 19:51	2 BLL 20:36	2 SDM 19:07							
Ord. Date 06/30/16 14:03 Exp. Date 07/18/16 16:52 ALX 435171- ALX	Sharretts, Ray DO Take one tablet (2 MG) by mouth at bedtime *consent form on file * 3/24/16 ***crush/empty*** ****non-formulary approved*** exp 6/6/17	1700	1 MJL 16:49	1 KRN 16:58	1 KRN 16:56	1 RLR 17:41	1 RLR 17:12	1 KRN 16:46	1 KRN 16:47	1 KRN 17:12	1 RLR 18:08	1 RLR 16:52	1 EJD 19:03	1 KRN 17:51	1 RLR 17:44	1 SDC 17:23	1 RLR 16:52	1 KRN 19:16	1 KRN 18:23														

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16267-064 PINSON, JEREMY

Medication Administration Record

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Ord. Date 07/14/16 15:45 Exp. Date 07/16/16 15:44 ALX 436971- ALX ALOH/MGOH/Simeth (Mylanta) (OTC) 355ML	Buschman, Brian MD Drink 30ml by mouth three times daily AS NEEDED ***pill line***	PRN															30 RLR 14:21	30 ARM 11:11															
Ord. Date 07/14/16 15:45 Exp. Date 07/16/16 15:44 ALX Order ALOH/MGOH/Simeth(Mylanta) 200-200-20	Buschman, Brian MD 30 ml Orally - three times a day PRN x 2 day(s) Pill Line Only	PRN														1 SDC 15:45																	
Ord. Date 07/13/16 12:51 Exp. Date 07/16/16 12:50 ALX 436743- ALX Acetaminophen 325 MG Tab	Buschman, Brian MD Take two tablets (650 MG) by mouth twice daily AS NEEDED ***pill line***	PRN														2 SDC 17:24	2 ARM 11:11																
Ord. Date 03/23/16 07:51 Exp. Date 03/23/17 07:50 ALX 422169- ALX Albuterol Inhaler HFA (6.7 GM) 90mcg	Buschman, Brian MD shake well and Inhale 2 puffs by mouth four times daily as needed	PRN																															

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

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Ord. Date 07/19/16 06:26 Exp. Date 09/17/16 06:25 OKL 554566- OKL	Petry, G. MD/CD	PRN 																																

Providers: SDC = Camp, S. | SAW = White, S. | JTW = Waldman, J. | KLA = Adams, K. | JMM = May, J. | RLR = Rishel, R. | MJF = Falat, M. | BS = Scharff, B. | KRN = Nolte, K. | AME = Edwards, A. | SLS = Smith, S. | EAB = Bolt, E. | CST = Trump, C. | TM = McDaniel, T. | ARM = Martinez, A. | BLL = Leonetti, B. | Awn = Nimz, A. | JDH = Holtzapple, J. | CLM = McGee, C. | SDM = Michael, S. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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16267-064 PINSON, JEREMY

Medication Administration Record

JULY 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 07/14/16 15:45 Exp. Date 07/16/16 15:44 ALX Order Lidocaine viscous HCl Oral 2%	Buschman, Brian MD 15 ml Orally Mouth - three times a day PRN x 2 day(s) Pill Line Only	PRN														1 SDC 15:45																	
Ord. Date 07/15/16 08:05 Exp. Date 07/15/16 08:06 ALX 436973-ALX Order Promethazine HCl Inj 25 MG/ML, 1ML	Buschman, Brian MD inject 25mg Intra-Muscularly one time dose given "See Mar report for administration/documentation" ***pill line***	PRN																															
Ord. Date 07/14/16 15:45 Exp. Date 07/14/16 15:45 ALX Order Promethazine Injection	Buschman, Brian MD 25 mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	PRN														1 SDC 15:45																	
Ord. Date 07/03/16 07:30 Exp. Date 07/04/16 07:29 ALX Order Promethazine Suppository	Buschman, Brian MD 25 mg Rectally every 8 hours PRN x 1 day(s) Pill Line Only	PRN			1 SDC 10:00																												
		PRN			1 KRN 17:00																												

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16267-064 PINSON, JEREMY

Medication Administration Record

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Ord. Date 07/03/16 07:30 Exp. Date 07/03/16 07:31 ALX 435476- ALX	Buschman, Brian MD	PRN																															
	25 mg Rectally every 8 hours AS NEEDED																																
	"See Mar report for administration/documentation"																																
	Promethazine Suppository 25 MG																																

Providers: SDC = Camp, S. | SAW = White, S. | JTW = Waldman, J. | KLA = Adams, K. | JMM = May, J. | RLR = Rishel, R. | MJF = Falat, M. | BS = Scharff, B. | KRN = Nolte, K. | AME = Edwards, A. | SLS = Smith, S. | EAB = Bolt, E. | CST = Trump, C. | TM = McDaniel, T. | ARM = Martinez, A. | BLL = Leonetti, B. | AWN = Nimz, A. | JDH = Holtzaple, J. | CLM = McGee, C. | SDM = Michael, S. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Medication Administration Record

JULY 2016

Rx#:	Pill Line Date:	PillLine:	Provider:	Entered Date:	Comments:
435170-ALX	07/18/2016	Pill Line 1	JTW	07/18/2016 06:02 EST	given out of transfer medication bag.
435169-ALX	07/18/2016	Pill Line 1	JTW	07/18/2016 06:02 EST	given out of transfer medication bag.
435357-ALX	07/18/2016	Pill Line 1	JTW	07/18/2016 06:02 EST	given out of transfer medication bag.
554568-OKL	07/21/2016	Pill Line 2	KLA	07/21/2016 16:25 EST	not given due to late noon pill line being to close to next dose
554571-OKL	07/21/2016	Pill Line 2	KLA	07/21/2016 16:26 EST	not given due to late noon pill line being to close to next dose
554573-OKL	07/25/2016	Pill Line 1	SAW	07/25/2016 09:28 EST	dosed in r&d
554583-OKL	07/25/2016	Pill Line 1	SAW	07/25/2016 09:28 EST	dosed in R & D

Providers: SDC = Camp, S. | SAW = White, S. | JTW = Waldman, J. | KLA = Adams, K. | JMM = May, J. | RLR = Rishel, R. | MJF = Falat, M. | BS = Scharff, B. | KRN = Nolte, K. | AME = Edwards, A. | SLS = Smith, S. | EAB = Bolt, E. | CST = Trump, C. | TM = McDaniel, T. | ARM = Martinez, A. | BLL = Leonetti, B. | AWN = Nimz, A. | JDH = Holtzapple, J. | CLM = McGee, C. | SDM = Michael, S. | EJD = Donlin, E. | CPC = Craig, C. | MJL = Leshner, M.

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Pt. Name: PINSON, JEREMY

Allergies:

Registration #: 16267-064

DOB: 02/06/86

16267-064 PINSON, JEREMY

Medication Administration Record

AUGUST 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 08/26/16 10:01 Exp. Date 10/03/16 20:49 THX 381366- THX Estradiol 1 MG Tab	Wilson, William MD/CD Take one tablet (1 MG) by mouth twice daily (along with 2mg tablet - total dose = 3mg twice daily) ***pill line***	0600																															1 CLM 07:30
		1700																														1 MRS 20:30	1 TM 21:46
Ord. Date 08/26/16 10:01 Exp. Date 10/03/16 20:49 THX 381367- THX Estradiol 2 MG Tab	Wilson, William MD/CD Take one tablet (2 MG) by mouth (along with 1 mg tablet) twice daily - total dose = 3mg twice daily ***pill line***	0600																															1 CLM 07:30
		1700																														1 MRS 20:30	1 TM 21:46
Ord. Date 08/26/16 10:02 Exp. Date 10/03/16 20:49 THX 381368- THX Finasteride 1 MG TAB	Wilson, William MD/CD Take one tablet (1 MG) by mouth each morning ***pill line***	0600																															1 CLM 07:30
Ord. Date 07/26/16 10:02 Exp. Date 08/03/16 07:03 THX 37772- THX Oxcarbazepine 300 MG Tab	Wilson, William MD/CD Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***	0600	1 CLM 06:55	1 CLM 07:38	1 CLM 07:04																												
		1700	1 TM 22:18	1 TM 21:51																													

Providers: TH = Haddix, T. | TM = McDaniel, T. | KNL = Lubbehusen, K. | MRS = Smith, M. | AWN = Nimz, A. | JMM = May, J. | SRP = Porter, S. | CLM = McGee, C. | BS = Scharff, B.

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Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

AUGUST 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 07/26/16 10:02 Exp. Date 08/03/16 07:03 THX 377774- THX	Wilson, William MD/CD Take one tablet (8 MG) by mouth each evening ***pill line*** ***crush/empty*** Perphenazine 8 MG Tab	1700	1 TM 22:18	1 TM 21:51																														
Ord. Date 08/03/16 07:03 Exp. Date 10/03/16 20:49 THX 378578- THX	Wilson, William MD/CD Take one tablet (8 MG) by mouth each evening ***pill line*** ***crush/empty*** Perphenazine 8 MG Tab	1700			1 TM 22:09	1 TM 20:58	1 TM 21:59	1 MRS 21:12	1 TH 20:26	1 TM 21:30	1 TM 21:28	1 TM 21:03	1 TM 22:22	1 TM 22:14	1 TH 20:42	1 BS 21:00	1 BS 21:09	1 BS 20:00		1 TM 21:22	1 TH 20:33	NS JMM	1 BS 19:51	1 BS 20:42	1 BS 20:51	1 BS 20:17						1 MRS 20:30	1 TM 21:46	
Ord. Date 07/26/16 10:04 Exp. Date 08/03/16 07:04 THX 377776- THX	Wilson, William MD/CD Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** ***pill line*** Pregabalin 50 MG Cap UD	0600	4 CLM 06:55	4 CLM 07:38	4 CLM 07:04																													
		1700	4 TM 22:18	4 TM 21:51																														
Ord. Date 08/02/16 07:03 Exp. Date 09/01/16 07:02 THX 378579- THX	Wilson, William MD/CD Take two capsules (200 MG) by mouth twice daily ***pill line*** ***crush/empty*** - note dosage and strength Pregabalin 100 MG Cap UD	0600				2 AWN 08:30	2 AWN 08:54	2 SRP 08:44	2 SRP 08:21	2 KNL 07:28	2 SRP 08:30	2 KNL 07:32	2 AWN 08:11	2 AWN 06:42	2 SRP 09:26	2 CLM 07:22	2 CLM 07:15	2 CLM 07:35	2 CLM 07:26		2 AWN 07:33	2 CLM 07:18	2 CLM 08:26	2 CLM 07:31	2 CLM 07:06	2 CLM 07:16	2 TH 07:33					2 CLM 07:30		
		1700			2 TM 22:09	2 TM 20:58	2 TM 21:59	2 MRS 21:12	2 TH 20:26	2 TM 21:30	2 TM 21:28	2 TM 21:03	2 TM 22:22	2 TM 22:14	2 TH 20:42	2 BS 21:00	2 BS 21:09	2 BS 20:00		2 TM 21:22	2 TH 20:33	NS JMM	2 BS 19:51	2 BS 20:43	2 BS 20:51	2 BS 20:17					2 MRS 20:30	2 TM 21:46		

Providers: TH = Haddix, T. | TM = McDaniel, T. | KNL = Lubbehusen, K. | MRS = Smith, M. | AWN = Nimz, A. | JMM = May, J. | SRP = Porter, S. | CLM = McGee, C. | BS = Scharff, B.

Documentation Codes: NS = No Show

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

AUGUST 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 07/26/16 07:50 Exp. Date 08/03/16 07:04 THX 377565- THX	Wilson, William MD/CD Take two tablets (50 MG) by mouth twice daily ***pill line*** Spironolactone 25 MG Tab	0600	2 CLM 06:55	2 CLM 07:38	2 CLM 07:04																													
		1700	2 TM 22:18	2 TM 21:51																														
Ord. Date 08/03/16 07:04 Exp. Date 10/03/16 20:49 THX 378580- THX	Wilson, William MD/CD Take one tablet (50 MG) by mouth twice daily ***pill line*** - note dosage and strength Spironolactone 50 MG Tab	0600				1 AWN 08:30	1 AWN 08:54	1 SRP 08:44	1 SRP 08:21	1 KNL 07:28	1 SRP 08:30	1 KNL 07:32	1 AWN 08:11	1 AWN 06:42	1 SRP 09:27	1 CLM 07:23	1 CLM 07:15	1 CLM 07:35	1 CLM 07:26		1 AWN 07:33	1 CLM 07:18	1 CLM 08:26	1 CLM 07:31	1 CLM 07:06	1 CLM 07:16	1 TH 07:33					1 CLM 07:30		
		1700			1 TM 22:09	1 TM 20:58	1 TM 21:59	1 MRS 21:12	1 TH 20:26	1 TM 21:30	1 TM 21:28	1 TM 21:03	1 TM 22:22	1 TM 22:14	1 TH 20:42	1 BS 21:00	1 BS 21:09	1 BS 20:00		1 TM 21:22	1 TH 20:33	NS JMM	1 BS 19:51	1 BS 20:43	1 BS 20:51	1 BS 20:17					1 MRS 20:30	1 TM 21:46		
Ord. Date 07/26/16 10:05 Exp. Date 08/03/16 07:04 THX 377777- THX	Wilson, William MD/CD Take two tablets (4 MG) by mouth twice daily ***pill line*** Trihexyphenidyl 2 MG Tab	0600	2 CLM 06:55	2 CLM 07:38	2 CLM 07:04																													
		1700	2 TM 22:18	2 TM 21:51																														
Ord. Date 08/03/16 07:03 Exp. Date 10/03/16 20:49 THX 378581- THX	Wilson, William MD/CD Take one tablet (5 MG) by mouth two times a day ***pill line*** Trihexyphenidyl 5 MG Tab	0600				1 AWN 08:30	1 AWN 08:54	1 SRP 08:44	1 SRP 08:21	1 KNL 07:28	1 SRP 08:30	1 KNL 07:32	1 AWN 08:11	1 AWN 06:42	1 SRP 09:26	1 CLM 07:22	1 CLM 07:15	1 CLM 07:35	1 CLM 07:26		1 AWN 07:33	1 CLM 07:18	1 CLM 08:26	1 CLM 07:31	1 CLM 07:06	1 CLM 07:16	1 TH 07:33					1 CLM 07:30		
		1700			1 TM 22:09	1 TM 20:58	1 TM 21:59	1 MRS 21:12	1 TH 20:26	1 TM 21:30	1 TM 21:28	1 TM 21:03	1 TM 22:22	1 TM 22:14	1 TH 20:42	1 BS 21:00	1 BS 21:09	1 BS 20:00		1 TM 21:22	1 TH 20:33	NS JMM	1 BS 19:51	1 BS 20:43	1 BS 20:51	1 BS 20:17					1 MRS 20:30	1 TM 21:46		

Providers: TH = Haddix, T. | TM = McDaniel, T. | KNL = Lubbehusen, K. | MRS = Smith, M. | AWN = Nimz, A. | JMM = May, J. | SRP = Porter, S. | CLM = McGee, C. | BS = Scharff, B.

Documentation Codes: NS = No Show

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

16267-064 PINSON, JEREMY

Medication Administration Record

AUGUST 2016

Medication Orders		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date 07/26/16 10:58 Exp. Date 08/03/16 07:02 THX 377807- THX	Wilson, William MD/CD Take three tablets (1.5 MG) by mouth at noon ***pill line*** ***crush/empty*** clonazepam 0.5 MG Tab UD	1100	3 CLM 11:23	3 CLM 10:29																														
Ord. Date 07/26/16 10:59 Exp. Date 08/03/16 07:01 THX 377808- THX	Wilson, William MD/CD Take four tablets (2 MG) by mouth each evening ***pill line*** ***crush/empty*** clonazepam 0.5 MG Tab UD	1700	4 TM 22:18	4 TM 21:51																														
Ord. Date 08/03/16 07:01 Exp. Date 09/02/16 07:00 THX 378575- THX	Wilson, William MD/CD Take four tablets (2 MG) by mouth each evening ***pill line*** ***crush/empty*** clonazepam 0.5 MG Tab UD	1700			4 TM 22:09	4 TM 20:58	4 TM 21:59	4 MRS 21:12	4 TH 20:26	4 TM 21:30	4 TM 21:28	4 TM 21:03	4 TM 22:22	4 TM 22:14	4 TH 20:42	4 BS 21:00	4 BS 21:09	4 BS 20:00		4 TM 21:22	4 TH 20:33	NS JMM	4 BS 19:51	4 BS 20:42	4 BS 20:51	4 BS 20:17					4 MRS 20:30	4 TM 21:46		
Ord. Date 08/03/16 07:01 Exp. Date 09/02/16 07:00 THX 378576- THX	Wilson, William MD/CD Take three tablets (1.5 MG) by mouth at noon ***pill line*** ***crush/empty*** clonazepam 0.5 MG Tab UD	1100			3 CLM 12:09	3 AWN 11:38	3 AWN 11:37	NS SRP	3 SRP 12:43	3 TH 12:00	3 SRP 11:55	3 MRS 12:43	3 AWN 11:35	3 AWN 10:46	3 SRP 13:20	3 CLM 11:55	3 CLM 11:54	3 CLM 12:14	3 CLM 11:51		3 AWN 12:05	3 CLM 12:42	3 CLM 11:56	3 CLM 11:53	3 CLM 13:15	3 CLM 11:53	3 TH 11:35				3 CLM 11:47			

Providers: TH = Haddix, T. | TM = McDaniel, T. | KNL = Lubbehusen, K. | MRS = Smith, M. | AWN = Nimz, A. | JMM = May, J. | SRP = Porter, S. | CLM = McGee, C. | BS = Scharff, B.

Documentation Codes: NS = No Show

Registration #: 16267-064

Pt. Name: PINSON, JEREMY

DOB: 02/06/86

Report information is current as of the date and time of printing: 06/15/2017 12:37 EST

Federal Bureau of Prisons
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064
Date of Birth: 02/06/1986	Sex: M Race: WHITE Facility: ALP
Encounter Date: 04/28/2016 11:11	Provider: Martinez, Andrea RN Unit: B01

Evaluation Type: BASELINE

INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings.
MOVEMENT RATING: Rate highest severity observed.

FACIAL AND ORAL MOVEMENTS	1. Muscles of Facial Expression e.g., movement of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing.	Mild
	2. Lips and Perioral Area e.g., puckering, pouting, and smacking.	None
	3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement.	None
	4. Tongue Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.	None
EXTREMITY MOVEMENTS	5. Upper (arms, wrists, hands, fingers) Include choreic movements, (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic)	Mild
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	None
TRUNK MOVEMENTS	7. Neck, shoulders, hips , e.g., rocking, twisting, squirming, pelvic gyrations	None
GLOBAL JUDGEMENTS	8. Severity of abnormal movements	Mild
	9. Incapacitation due to abnormal movements	None
	10. Patients awareness of abnormal movements Rate only patient's report	Awareness, no distress
DENTAL STATUS	11. Current problems with teeth and / or dentures	No
	12. Does patient usually wear dentures?	No

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Martinez, Andrea RN on 04/28/2016 11:12
 Requested to be cosigned by Buschman, Brian MD.
 Cosign documentation will be displayed on the following page.

Ex. 3, Attach. A, p. 285

1. Ask patient to remove shoes and socks.
2. Ask patient whether there is anything in his/her mouth (*i.e., gum, etc.*) and if there is, to remove it.
3. Ask patient about the *current* condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient *now*?
4. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they *currently* bother patient or interfere with his/her activities.
5. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (*Look at entire body for movements while in this position.*)
6. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (*Observe hands and other body areas.*)
7. Ask patient to open mouth. (*Observe tongue at rest within mouth.*) Do this twice.
8. Ask patient to protrude tongue. (*Observe abnormalities of tongue movement.*) Do this twice.
9. Ask patient to tap thumb, with each finger, as rapidly as possible for 10 - 15 seconds; separately with right hand, then with left hand. (*Observe facial and leg movements.*)
10. Flex and extend patient's left and right arms (*one at a time*). (*Note any rigidity.*)
11. Ask patient to stand up (*Observe in profile. Observe all body areas again, hips included.*)
12. Ask patient to extend both arms outstretched in front with palms down. (*Observe trunk, legs and mouth.*)
13. Have patient walk a few paces, turn, and walk back to chair. (*Observe hands and gait.*) Do this twice.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Encounter Date:	04/28/2016 11:11	Provider:	Martinez, Andrea RN
		Race:	WHITE
		Facility:	ALP

Cosigned by Buschman, Brian MD on 04/28/2016 11:39.

Ex. 3, Attach. A, p. 287

**Bureau of Prisons
Health Services
Devices and Equipment**

Start Date: 03/01/2016**Stop Date:** 08/01/2016**Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Device/Equipment</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Date Returned</u>	<u>Obtained From</u>	<u>Comments</u>	
Eye Glasses	10/09/2014 10:48 EST Taylor, Jennifer PA-C	10/09/2014		BOP		
Brace--wrist	10/09/2014 10:41 EST Taylor, Jennifer PA-C	10/08/2009	07/11/2012	BOP	left wrist--Not in property at USMCFP	
	07/12/2011 14:50 EST Osagie, A. MLP	10/08/2009	07/11/2012	BOP	left wrist	
	10/08/2009 14:37 EST Cook, Bradley RN	10/08/2009		BOP	left wrist	
Gane	10/26/2016 13:55 EST Zongker, Tyler PA-C	02/16/2016	03/01/2016	04/01/2016	BOP	--Old order
	04/01/2016 15:08 EST Martinez, Andrea RN	02/16/2016	03/01/2016	04/01/2016	BOP	
	02/16/2016 14:42 EST Oba, D. MD	02/16/2016	03/01/2016	BOP		

Total: 3**Ex. 3, Attach. A, p. 288**

Bureau of Prisons
Health Services
Pain Management

Begin Date: 03/01/2016**End Date:** 08/01/2016**Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Date</u>	<u>Intervention</u>	<u>Pain Quality</u>	<u>Location</u>	<u>Pre</u>	<u>Post</u>	<u>Provider</u>
07/20/2016 09:15	OKL IBU	Nagging	Shoulder-Left	4		Mann, Dominic
	Orig Entered: 07/20/2016 10:17 EST	Mann, Dominic RN/Nurse Supervisor				
07/17/2016 06:17	ALX medication	Aching	Shoulder-Left	7		Martinez, Andrea RN
	Orig Entered: 07/17/2016 06:19 EST	Martinez, Andrea RN				
06/17/2016 12:36	ALX recommendation for Tylenol #3 for 2-3 days-relayed to Dr. Buschman	Aching	Genitalia	6		Stahl, Elizabete DO
	Orig Entered: 06/17/2016 12:39 EST	Stahl, Elizabete DO FACP, Clinical Director				
03/05/2016 14:20	FLX medication	Throbbing	Abdomen -	9		Johnson, Kameron
	Orig Entered: 03/06/2016 21:04 EST	Johnson, Kameron NREMT-P				
03/02/2016 13:19	FLX antibiotics, pain med, wound culture	Aching	Abdomen-	7		Oba, D. MD
	Orig Entered: 03/02/2016 15:21 EST	Oba, D. MD				

Ex. 3, Attach. A, p. 289

**Bureau of Prisons
Health Services
Allergies**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Allergy</u>	<u>Date Noted</u>	<u>Reaction</u>
Penicillin V Potassium per inmate hx--inmate denies Orig Entered: 08/19/2007 14:13 EST Last Updated: 04/02/2015 19:22 EST	12/19/1985 Fitzwater, Patrick PA-C Lindgren, Carol RN	Rash
Potassium Chloride --Inmate denies allergy Orig Entered: 12/12/2008 07:06 EST Last Updated: 10/26/2016 13:52 EST	12/12/2008 Herring, Rita DPh Zongker, Tyler PA-C	Unknown
Fish-derived Products --isn't allergic per inmate Orig Entered: 01/27/2010 14:57 EST Last Updated: 07/25/2016 15:36 EST	01/27/2010 Holbrook, William MD/CD Clingerman, Nicole LPN	Unknown
Peanut-containing Drug Products Pt reports experiencing abdominal discomfort, emesis, and difficulty breathing--isn't allergic per inmate Orig Entered: 02/01/2015 19:14 EST Last Updated: 07/25/2016 15:36 EST	02/01/2015 Grantham, Jeffrey RN Clingerman, Nicole LPN	Intolerance-other
Shellfish-derived Products --isn't allergic per inmate Orig Entered: 04/02/2015 19:22 EST Last Updated: 07/25/2016 15:36 EST	04/02/2015 Lindgren, Carol RN Clingerman, Nicole LPN	Anaphylaxis
Bentyl diversion documented 4/1/16--Denies any allergies. Orig Entered: 04/01/2016 15:50 EST Last Updated: 10/26/2016 13:52 EST	04/01/2016 Buschman, Brian MD Zongker, Tyler PA-C	Intolerance-other
No Known Allergies Orig Entered: 10/26/2016 14:01 EST	10/26/2016 Zongker, Tyler PA-C	
Total: 7		

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Bureau of Prisons
Health Services
Alerts

Reg #: 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Comments</u>
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Advance Directive

11/07/2014 14:45 EST Mead, Stana MRAS

11/07/2014

Durable Power of Attorney for Health Care Decisions

Total: 1**Ex. 3, Attach. A, p. 291**

Bureau of Prisons
Health Services
Patient Education Assessments & Topics

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Assessments

<u>Assessment</u>	<u>Learns Best By</u>	<u>Primary Language</u>	<u>Years of Education</u>	<u>Barriers To Education</u>	<u>Provider</u>
Total: 0					

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
07/30/2016	Counseling	Access to Care	Verbalizes Understanding	Porter, Susan
	Orig Entered: 07/30/2016 15:03 EST Porter, Susan			
07/28/2016	Counseling	Plan of Care	Verbalizes Understanding	Mata, Heather
	Orig Entered: 07/28/2016 09:30 EST Mata, Heather			
07/28/2016	Counseling	Other	Verbalizes Understanding	Wilson, William
	we did some patient education however he was not told he was going to the hospital.			
	Orig Entered: 07/28/2016 11:27 EST Wilson, William E.			
07/20/2016	Counseling	Access to Care	Verbalizes Understanding	Mann, Dominic
	Orig Entered: 07/20/2016 10:23 EST Mann, Dominic			
07/19/2016	Counseling	Plan of Care	Verbalizes Understanding	Pierce, Stacie
	Orig Entered: 07/19/2016 15:45 EST Pierce, Stacie			
07/17/2016	Counseling	Plan of Care	Verbalizes Understanding	Martinez, Andrea
	Orig Entered: 07/17/2016 06:25 EST Martinez, Andrea			
07/14/2016	Counseling	Access to Care	Verbalizes Understanding	Rishel, Richard
	Orig Entered: 07/14/2016 15:46 EST Rishel, Richard			
07/14/2016	Counseling	Access to Care	Verbalizes Understanding	Camp, Stevie
	Orig Entered: 07/14/2016 17:32 EST Camp, Stevie			
07/13/2016	Counseling	Access to Care	Verbalizes Understanding	Buschman, Brian
	Orig Entered: 07/13/2016 12:23 EST Buschman, Brian			
07/08/2016	Counseling	Plan of Care	No Participation	Nolte, Kristi
	Orig Entered: 07/08/2016 13:43 EST Nolte, Kristi			
07/08/2016	Counseling	Access to Care	Verbalizes Understanding	Nolte, Kristi
	Orig Entered: 07/08/2016 20:18 EST Nolte, Kristi			
07/03/2016	Counseling	Compliance - Treatment	Attentive	Camp, Stevie
	Dietary considerations:			
	Orig Entered: 07/03/2016 11:19 EST Camp, Stevie			

Ex. 3, Attach. A, p. 292

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
06/22/2016	Counseling	Access to Care	Verbalizes Understanding	Derosé, David
	Orig Entered: 06/22/2016 09:05 EST Derosé, David			
06/17/2016	Counseling	New Medication	Verbalizes Understanding	Stahl, Elizabete
	Orig Entered: 06/17/2016 12:59 EST Stahl, Elizabete			
06/14/2016	Counseling	Access to Care	Verbalizes Understanding	Buschman, Brian
	Orig Entered: 06/14/2016 12:07 EST Buschman, Brian			
06/07/2016	Counseling	Other	No Participation	Camp, Stevie
	Orig Entered: 06/07/2016 12:30 EST Camp, Stevie			
06/07/2016	Counseling	Access to Care	Verbalizes Understanding	Leshér, Michael
	Orig Entered: 06/07/2016 15:21 EST Leshér, Michael			
06/06/2016	Counseling	Access to Care	Verbalizes Understanding	Leshér, Michael
	Orig Entered: 06/06/2016 19:00 EST Leshér, Michael			
06/05/2016	Counseling	Plan of Care	Verbalizes Understanding	Martínez, Andrea
	Orig Entered: 06/05/2016 22:48 EST Martínez, Andrea			
06/01/2016	Counseling	Plan of Care	Verbalizes Understanding	Craig, Charles
	Orig Entered: 06/01/2016 13:16 EST Craig, Charles			
05/25/2016	Counseling	Plan of Care	No Participation	Camp, Stevie
	Orig Entered: 05/25/2016 13:23 EST Camp, Stevie			
05/25/2016	Counseling	Access to Care	Verbalizes Understanding	Rishel, Richard
	Orig Entered: 05/25/2016 22:05 EST Rishel, Richard			
05/18/2016	Not Done		Unable to Demonstrate	Sharretts, Ray
	Not present in SHU to do any counseling			
	Orig Entered: 05/18/2016 15:09 EST Sharretts, Ray			
05/09/2016	Counseling	Access to Care	Verbalizes Understanding	Waldman, J.
	Orig Entered: 05/09/2016 15:58 EST Waldman, J.			
04/27/2016	Counseling	Access to Care	Verbalizes Understanding	Derosé, David
	Orig Entered: 04/27/2016 09:43 EST Derosé, David			
04/22/2016	Counseling	Access to Care	Verbalizes Understanding	Wood, B.
	Orig Entered: 04/22/2016 10:44 EST Wood, B.			
04/22/2016	Counseling	Plan of Care	Verbalizes Understanding	Wood, B.
	Orig Entered: 04/22/2016 10:58 EST Wood, B.			
04/18/2016	Counseling	Access to Care	Verbalizes Understanding	Donlin, Edward
	Orig Entered: 04/18/2016 15:00 EST Donlin, Edward			

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Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
04/13/2016	Counseling	Plan of Care	Verbalizes Understanding	Bennett-Meehan, Jody
	Orig Entered: 04/13/2016 13:16 EST Bennett-Meehan, Jody PA-C			
04/08/2016	Counseling	Plan of Care	Verbalizes Understanding	Stahl, Elizabete
	Orig Entered: 04/08/2016 14:28 EST Stahl, Elizabete			
03/24/2016	Counseling	Medication Side Effects	Verbalizes Understanding	Sharretts, Ray
	Orig Entered: 03/24/2016 15:14 EST Sharretts, Ray			
03/24/2016	Counseling	Plan of Care	Verbalizes Understanding	Sharretts, Ray
	Orig Entered: 03/24/2016 15:14 EST Sharretts, Ray			
03/24/2016	Counseling	Access to Care	Verbalizes Understanding	Buschman, Brian
	Orig Entered: 03/24/2016 15:23 EST Buschman, Brian			
03/23/2016	Counseling	Access to Care	Verbalizes Understanding	Buschman, Brian
	Orig Entered: 03/23/2016 07:28 EST Buschman, Brian			
03/22/2016	Counseling	Access to Care	Verbalizes Understanding	Krisher, Laura
	Orig Entered: 03/22/2016 13:12 EST Krisher, Laura			
03/17/2016	Counseling	Medication Side Effects	Verbalizes Understanding	Stahl, Elizabete
	Orig Entered: 03/17/2016 11:33 EST Stahl, Elizabete			
03/05/2016	Counseling	Plan of Care	Verbalizes Understanding	Johnson, Kameron
	Orig Entered: 03/06/2016 21:10 EST Johnson, Kameron			
03/02/2016	Counseling	Medication Side Effects	Verbalizes Understanding	Oba, D.
	Orig Entered: 03/02/2016 15:36 EST Oba, D.			
03/02/2016	Counseling	New Medication	Verbalizes Understanding	Oba, D.
	Orig Entered: 03/02/2016 15:36 EST Oba, D.			
03/02/2016	Counseling	Plan of Care	Verbalizes Understanding	Oba, D.
	Orig Entered: 03/02/2016 15:36 EST Oba, D.			
Total: 40				

Ex. 3, Attach. A, p. 294

Bureau of Prisons
Health Services
Health Problems

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Transgender, validated male to female						
06/17/2016 12:44 EST Santos, Elizabete DO FACP, Clinical Director Hx: Started Estradiol in December 2015 Started on Progesterone in January 2016, switched to Spironolactone in March 2016		ICD-10	302.5b	10/15/2015	Current	10/15/2015
04/08/2016 14:21 EST Santos, Elizabete DO FACP, Clinical Director Started Estradiol in December 2015 Started on Progesterone in January 2016, switched to Spironolactone in March 2016		ICD-10	302.5b	10/15/2015	Current	10/15/2015
10/15/2015 10:47 EST Lewis, Donald DO Validated from review of BEMR/PDS reports and diagnostic impressions, updated to match current preferred coding.	I	ICD-9	302.5b	10/15/2015	Current	10/15/2015
Ocular hypertension						
05/09/2014 14:59 EST Clough, S. OD OU. Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.	III	ICD-9	365.04	05/09/2014	Current	05/09/2014
Regular astigmatism						
11/04/2011 13:38 EST Clough, S. OD OD=OS.	III	ICD-9	367.21	11/04/2011	Current	11/04/2011
Unspecified Anxiety Disorder						
06/02/2015 12:35 EST Brockman, Andrea PhD	I	DSM-IV	F41.9	06/02/2015	Current	06/02/2015
Antisocial Personality Disorder						
04/23/2014 17:19 EST Coulter, Jennifer Psy.D.	II	DSM-IV	F60.2*b	04/23/2014	Current	04/23/2014
Borderline Personality Disorder						
02/15/2017 12:20 EST Weiner, Elizabeth PhD	II	DSM-IV	F60.3	02/15/2017	Current	
Narcissistic Personality Disorder						
02/17/2017 08:58 EST Weiner, Elizabeth PhD	II	DSM-IV	F60.81	02/17/2017	Current	
Gender Dysphoria In Adolescents And Adults						
06/02/2015 12:35 EST Brockman, Andrea PhD	I	DSM-IV	F64.1	06/02/2015	Current	06/02/2015

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Irritable bowel syndrme						
03/23/2016 07:27 EST Buschman, Brian MD		ICD-10	K589	03/23/2016	Current	
Unspecified skin changes						
05/05/2017 10:26 EST Kirsch, Edwin PA		ICD-10	R239	05/05/2017	Current	
Headache						
10/27/2016 14:54 EST Lear, K. MD		ICD-10	R51	10/20/2016	Current	
10-27-16: CT requested for further evaluation						
10/20/2016 10:53 EST Ahmed, F. MD/CD		ICD-10	R51	10/20/2016	Current	
History of other injury						
04/26/2017 13:08 EST Kirsch, Edwin PA	III	ICD-9	V15.59	10/09/2015	Current	10/09/2015
repeated self harm in past, swallowed a metal sink handle						
03/23/2016 07:28 EST Buschman, Brian MD	III	ICD-9	V15.59	10/09/2015	Current	10/09/2015
repeated self harm in past						
10/09/2015 10:56 EST Rattan, Sattinder MLP	III	ICD-9	V15.59	10/09/2015	Current	10/09/2015
Other specified postprocedural states						
05/02/2017 12:25 EST Moose, S. MD		ICD-10	Z9889	04/27/2017	Current	
04-17 Gastrotomy to remove swallowed faucet handle						
04/28/2017 14:03 EST Moose, S. MD		ICD-10	Z9889	04/27/2017	Current	
04-17 Gastrotomy to remove swallowed faucet handle						

Resolved

Anxiety disorder in cond class elsewhere

02/23/2016 07:20 EST SYSTEM	I	ICD-9	293.84	08/17/2010	Resolved	03/02/2011
After talking to Psychiatrist Dr Gonzalez , the recommendation is to start patient on Buspar. Form was signed.						
03/02/2011 17:34 EST Severn, D. DO	III	ICD-9	293.84	08/17/2010	Resolved	03/02/2011
After talking to Psychiatrist Dr Gonzalez , the recommendation is to start patient on Buspar. Form was signed.						
08/17/2010 13:50 EST Mourtada, Mounir MLP	III	ICD-9	293.84	08/17/2010	Current	08/17/2010
After talking to Psychiatrist Dr Gonzalez , the recommendation is to start patient on Buspar. Form was signed.						

Schizoaffective disorder

02/23/2016 07:20 EST SYSTEM	I	ICD-9	295.7	04/11/2012	Resolved	02/20/2013
recently seen by psych.						
02/20/2013 15:00 EST Allred, D. DO	I	ICD-9	295.7	04/11/2012	Current	02/20/2013
recently seen by psych.						

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
04/11/2012 13:04 EST Tharp, Denny K. DO, CD	III	ICD-9	295.7	04/11/2012	Current	04/11/2012
Other and unspecified bipolar disorders						
02/23/2016 07:20 EST SYSTEM	I	ICD-9	296.89	04/11/2012	Resolved	09/12/2012
09/12/2012 15:37 EST Sarrazin, Robert MD	III	ICD-9	296.89	04/11/2012	Resolved	09/12/2012
04/11/2012 13:04 EST Tharp, Denny K. DO, CD	III	ICD-9	296.89	04/11/2012	Current	04/11/2012
Unspecified psychosis						
02/23/2016 07:20 EST SYSTEM	I	ICD-9	298.9	04/06/2011	Resolved	12/19/2011
related to personality disorder						
12/19/2011 10:22 EST Severn, D. DO	III	ICD-9	298.9	04/06/2011	Resolved	12/19/2011
related to personality disorder						
08/29/2011 10:24 EST Severn, D. DO	III	ICD-9	298.9	04/06/2011	Current	08/24/2011
related to personality disorder						
04/06/2011 15:58 EST Severn, D. DO	III	ICD-9	298.9	04/06/2011	Current	04/06/2011
Anxiety state, unspecified						
02/23/2016 07:20 EST SYSTEM	I	ICD-9	300.00	09/16/2010	Resolved	06/02/2015
Related to personality disorder.						
06/02/2015 12:35 EST Brockman, Andrea PhD	I	ICD-9	300.00	09/16/2010	Resolved	06/02/2015
Related to personality disorder.						
08/29/2011 10:24 EST Severn, D. DO	III	ICD-9	300.00	09/16/2010	Current	08/24/2011
Related to personality disorder.						
09/16/2010 17:18 EST Arriola, Lemuel MD	III	ICD-9	300.00	09/16/2010	Current	09/16/2010
Explosive personality disorder						
02/23/2016 07:20 EST SYSTEM	II	ICD-9	301.3	08/02/2007	Resolved	06/02/2008
03/02/2011 17:34 EST Severn, D. DO	III	ICD-9	301.3	08/02/2007	Resolved	06/02/2008
06/02/2008 12:55 EST Cubb, Anthony MD	III	ICD-9	301.3	08/02/2007	Current	06/02/2008
Antisocial personality disorder						
02/23/2016 07:20 EST SYSTEM	II	ICD-9	301.7	06/02/2008	Resolved	06/02/2015
Axis I none						
Axis II Antisocial P D						
Axis III none contributory						
Axis IV behavioral dyscontrol						
Axis V GAF 51-70						
06/02/2015 12:35 EST Brockman, Andrea PhD	II	ICD-9	301.7	06/02/2008	Resolved	06/02/2015
Axis I none						
Axis II Antisocial P D						
Axis III none contributory						
Axis IV behavioral dyscontrol						
Axis V GAF 51-70						

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
03/18/2010 15:16 EST Thomas, D. DO Axis I none Axis II Antisocial P D Axis III none contributory Axis IV behavioral dyscontrol Axis V GAF 51-70	III	ICD-9	301.7	06/02/2008	Current	03/18/2010
06/02/2008 12:53 EST Cubb, Anthony MD	III	ICD-9	301.7	06/02/2008	Current	06/02/2008
Borderline personality disorder						
02/23/2016 07:20 EST SYSTEM duplicate entry	II	ICD-9	301.83	04/11/2012	Resolved	06/04/2015
06/04/2015 16:23 EST Brockman, Andrea PhD duplicate entry	II	ICD-9	301.83	04/11/2012	Resolved	06/04/2015
02/20/2013 15:00 EST Allred, D. DO duplicate entry	II	ICD-9	301.83	04/11/2012	Current	02/20/2013
04/11/2012 13:04 EST Sharp, Denny K. DO, CD	III	ICD-9	301.83	04/11/2012	Current	04/11/2012
Borderline personality disorder						
02/23/2016 07:20 EST SYSTEM duplicate entry	II	ICD-9	301.83	04/06/2012	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO duplicate entry	II	ICD-9	301.83	04/06/2012	Resolved	02/20/2013
04/06/2012 13:22 EST Sharp, Denny K. DO, CD	III	ICD-9	301.83	04/06/2012	Current	04/06/2012
Borderline personality disorder						
02/23/2016 07:20 EST SYSTEM duplicate dx	II	ICD-9	301.83	08/02/2007	Resolved	12/11/2013
12/11/2013 17:40 EST Allred, D. DO duplicate dx	II	ICD-9	301.83	08/02/2007	Resolved	12/11/2013
06/02/2008 12:54 EST Cubb, Anthony MD	III	ICD-9	301.83	08/02/2007	Current	06/02/2008
Transgender, self reported						
04/28/2017 14:03 EST Moose, S. MD		ICD-10	302.5a	08/23/2016	Resolved	04/28/2017
08/23/2016 14:34 EST Wilson, William E. MD/CD		ICD-10	302.5a	08/23/2016	Current	
Hunger Strike						
02/23/2016 07:20 EST SYSTEM Recurrent; pt. now claims to be in hunger strike,again (starting on 1/14/15) and he wants "Boost" regularly, for nutritional supplements.	III	ICD-9	307.59	11/30/2012	Resolved	03/17/2015
03/17/2015 11:26 EST Taylor, Jennifer PA-C Recurrent; pt. now claims to be in hunger strike,again (starting on 1/14/15) and he wants "Boost" regularly, for nutritional supplements.	III	ICD-9	307.59	11/30/2012	Resolved	03/17/2015
01/20/2015 15:48 EST Choudhury, Mahmood MD Recurrent; pt. now claims to be in hunger strike,again (starting on 1/14/15)	III	ICD-9	307.59	11/30/2012	Current	01/20/2015

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
and he wants "Boost" regularly, for nutritional supplements. 01/09/2015 16:10 EST Choudhury, Mahmood MD recurrent	III	ICD-9	307.59	11/30/2012	Resolved	01/09/2015
11/03/2014 15:35 EST Choudhury, Mahmood MD recurrent	III	ICD-9	307.59	11/30/2012	Current	11/03/2014
10/09/2014 15:07 EST Choudhury, Mahmood MD recurrent	III	ICD-9	307.59	11/30/2012	Remission	10/09/2014
07/10/2014 00:10 EST Camacho, R. MLP recurrent	III	ICD-9	307.59	11/30/2012	Current	07/09/2014
01/10/2014 12:05 EST Camacho, R. MLP recurrent	III	ICD-9	307.59	11/30/2012	Resolved	01/10/2014
09/17/2013 16:17 EST Camacho, R. MLP recurrent	III	ICD-9	307.59	11/30/2012	Current	09/17/2013
02/20/2013 15:00 EST Allred, D. DO	III	ICD-9	307.59	11/30/2012	Resolved	02/20/2013
11/30/2012 16:35 EST Osagie, A. MLP	III	ICD-9	307.59	11/30/2012	Current	11/30/2012
Depressive DO, not elsewhere classified						
02/23/2016 07:20 EST SYSTEM soft dx.	I	ICD-9	311	12/11/2013	Resolved	04/23/2015
04/23/2015 11:54 EST Allred, D. DO soft dx.	I	ICD-9	311	12/11/2013	Resolved	04/23/2015
12/11/2013 17:40 EST Allred, D. DO soft dx.	I	ICD-9	311	12/11/2013	Current	12/11/2013
Acute pain due to trauma						
02/23/2016 07:20 EST SYSTEM mild pain after he was escorted to his call and resisted the officers resulting in the handcuffs chaffing his skin Recurrent mild injuries, non specific, on skin of the limbs, bil.wrists, Knee Lt., Head and Neck, with apparent minimal injuries. He is being evaluated and closely followed.	III	ICD-9	338.11	06/21/2008	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C mild pain after he was escorted to his call and resisted the officers resulting in the handcuffs chaffing his skin Recurrent mild injuries, non specific, on skin of the limbs, bil.wrists, Knee Lt., Head and Neck, with apparent minimal injuries. He is being evaluated and closely followed.	III	ICD-9	338.11	06/21/2008	Resolved	03/17/2015
02/12/2015 15:41 EST Choudhury, Mahmood MD mild pain after he was escorted to his call and resisted the officers resulting in the handcuffs chaffing his skin Recurrent mild injuries, non specific, on skin of the limbs, bil.wrists, Knee Lt., Head	III	ICD-9	338.11	06/21/2008	Current	02/12/2015

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
and Neck, with apparent minimal injuries. He is being evaluated and closely followed.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	338.11	06/21/2008	Resolved	06/21/2008
mild pain after he was escorted to his call and resisted the officers resulting in the handcuffs chaffing his skin						
06/21/2008 13:02 EST Fitzwater, Patrick PA-C	III	ICD-9	338.11	06/21/2008	Current	06/21/2008
mild pain after he was escorted to his call and resisted the officers resulting in the handcuffs chaffing his skin						
Other acute pain						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	338.19	12/22/2014	Resolved	01/09/2015
Pain of the lower right gum.						
01/09/2015 16:10 EST Choudhury, Mahmood MD	III	ICD-9	338.19	12/22/2014	Resolved	01/09/2015
Pain of the lower right gum.						
12/22/2014 11:33 EST Zongker, Tyler PA-C	III	ICD-9	338.19	12/22/2014	Current	12/22/2014
Pain of the lower right gum.						
Headache, post-traumatic, unspecified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	339.20	11/01/2014	Resolved	01/09/2015
01/09/2015 16:10 EST Choudhury, Mahmood MD	III	ICD-9	339.20	11/01/2014	Resolved	01/09/2015
11/01/2014 10:50 EST Jordan, Wade MD/Clinical Director	III	ICD-9	339.20	11/01/2014	Current	11/01/2014
Chronic migraine without aura						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	346.70	08/13/2009	Resolved	08/13/2009
03/03/2011 10:03 EST Allred, D. DO CD	III	ICD-9	346.70	08/13/2009	Resolved	08/13/2009
08/13/2009 14:46 EST Paco, Sofronio MLP	III	ICD-9	346.70	08/13/2009	Current	08/13/2009
Chronic migraine without aura						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	346.70	05/08/2009	Resolved	05/08/2009
03/03/2011 10:03 EST Allred, D. DO CD	III	ICD-9	346.70	05/08/2009	Resolved	05/08/2009
05/08/2009 09:50 EST Chipi, E. J. MLP	III	ICD-9	346.70	05/08/2009	Current	05/08/2009
Unspecified disorder of cranial nerves						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	352.9	11/01/2014	Resolved	03/17/2015
right 7th cranial nerve, ophthalmic branch palsy						
03/17/2015 11:20 EST Taylor, Jennifer PA-C	III	ICD-9	352.9	11/01/2014	Resolved	03/17/2015
right 7th cranial nerve, ophthalmic branch palsy						
11/01/2014 10:50 EST Jordan, Wade MD/Clinical Director	III	ICD-9	352.9	11/01/2014	Current	11/01/2014
right 7th cranial nerve, ophthalmic branch palsy						
Carpal tunnel syndrome						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	354.0	05/18/2009	Resolved	08/03/2012

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	354.0	05/18/2009	Resolved	08/03/2012
05/18/2009 10:48 EST Chipi, E. J. MLP	III	ICD-9	354.0	05/18/2009	Current	05/18/2009
Other specified idiopathic peripheral neuropathy						
04/28/2017 14:03 EST Moose, S. MD not idiopathic	III	ICD-9	356.8	04/06/2012	Resolved	04/28/2017
2006 L Wrist Laceration Radial Nerve Damage						
04/06/2012 13:22 EST Tharp, Denny K. DO, CD S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.	III	ICD-9	356.8	04/06/2012	Current	04/06/2012
Other specified idiopathic peripheral neuropathy						
02/23/2016 07:20 EST SYSTEM duplicate entry	III	ICD-9	356.8	12/21/2009	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO duplicate entry	III	ICD-9	356.8	12/21/2009	Resolved	02/20/2013
12/21/2009 15:57 EST Hernani, Joel MLP	III	ICD-9	356.8	12/21/2009	Current	12/21/2009
Idiopathic cysts						
02/23/2016 07:20 EST SYSTEM For observation. Will refer to the surgeon when indicated.	III	ICD-9	364.60	08/13/2009	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO For observation. Will refer to the surgeon when indicated.	III	ICD-9	364.60	08/13/2009	Resolved	08/03/2012
08/13/2009 14:48 EST Paco, Sofronio MLP For observation. Will refer to the surgeon when indicated.	III	ICD-9	364.60	08/13/2009	Current	08/13/2009
Hypertension, Benign Essential						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	401.1	01/25/2010	Resolved	10/02/2015
10/02/2015 15:54 EST Oba, D. MD	III	ICD-9	401.1	01/25/2010	Resolved	10/02/2015
05/13/2010 12:36 EST Dela Cruz, Honorio MLP	III	ICD-9	401.1	01/25/2010	Current	01/25/2010
01/25/2010 13:55 EST Paco, Sofronio MLP I will resume HCTZ 25 Mg Tablet by mouth daily and Lisinopril 10 Mg Tablet by mouth daily. Check blood pressure daily for 7 days.	III	ICD-9	401.1	01/25/2010	Current	01/25/2010
Hypertension, Unspecified essential						
02/23/2016 07:20 EST SYSTEM The patient was on Lisinopril 20 Mg by mouth daily, but it was not refilled. Today his blood pressure: 148/90. I will refill the Lisinopril 20 Mg daily and monitor blood pressure daily for 10 days.	III	ICD-9	401.9	08/13/2009	Resolved	08/13/2009
duplicate entry.						
03/03/2011 10:03 EST Allred, D. DO CD The patient was on Lisinopril 20 Mg by mouth daily, but it was not refilled. Today his blood pressure: 148/90. I will refill the Lisinopril 20 Mg daily and monitor blood	III	ICD-9	401.9	08/13/2009	Resolved	08/13/2009

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pressure daily for 10 days.						
duplicate entry.						
08/13/2009 14:46 EST Paco, Sofronio MLP	III	ICD-9	401.9	08/13/2009	Current	08/13/2009
The patient was on Lisinopril 20 Mg by mouth daily, but it was not refilled. Today his blood pressure: 148/90. I will refill the Lisinopril 20 Mg daily and monitor blood pressure daily for 10 days.						
Hypertension, Unspecified essential						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	401.9	03/28/2009	Resolved	08/03/2012
Worsening of hypertension.						
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	401.9	03/28/2009	Resolved	08/03/2012
Worsening of hypertension.						
03/28/2009 14:55 EST Roman, Rafael MD	III	ICD-9	401.9	03/28/2009	Current	03/28/2009
Worsening of hypertension.						
Hypertension, Unspecified essential						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	401.9	08/20/2007	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	401.9	08/20/2007	Resolved	08/03/2012
08/20/2007 11:54 EST Garza, Roberto MD	III	ICD-9	401.9	08/20/2007	Current	08/20/2007
Dysphagia						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	438.82	05/13/2010	Resolved	05/13/2010
No gross abnormality found. Symptom may be related to chronic rhinitis and lack of oral fluid intake.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	438.82	05/13/2010	Resolved	05/13/2010
No gross abnormality found. Symptom may be related to chronic rhinitis and lack of oral fluid intake.						
05/13/2010 12:36 EST Dela Cruz, Honorio MLP	III	ICD-9	438.82	05/13/2010	Current	05/13/2010
No gross abnormality found. Symptom may be related to chronic rhinitis and lack of oral fluid intake.						
Other acute sinusitis						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	461.8	11/10/2014	Resolved	01/09/2015
with low grade feverishness and runny nose, mild..						
01/09/2015 16:10 EST Choudhury, Mahmood MD	III	ICD-9	461.8	11/10/2014	Resolved	01/09/2015
with low grade feverishness and runny nose, mild..						
11/10/2014 15:21 EST Choudhury, Mahmood MD	III	ICD-9	461.8	11/10/2014	Current	11/10/2014
with low grade feverishness and runny nose, mild..						
Pharyngitis, acute						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	462	10/10/2008	Resolved	10/10/2008
hx of recurrent pharyngitis						

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
02/28/2011 11:51 EST Barela, P. RN hx of recurrent pharyngitis	III	ICD-9	462	10/10/2008	Resolved	10/10/2008
10/10/2008 12:58 EST Fitzwater, Patrick PA-C hx of recurrent pharyngitis	III	ICD-9	462	10/10/2008	Current	10/10/2008
Tonsillitis, acute						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	463	08/06/2008	Resolved	08/06/2008
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	463	08/06/2008	Resolved	08/06/2008
08/06/2008 09:46 EST Osayande, Patrick MLP	III	ICD-9	463	08/06/2008	Current	08/06/2008
Acute upper respiratory infection of unspec site						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	465.9	04/12/2012	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	465.9	04/12/2012	Resolved	08/03/2012
04/12/2012 15:17 EST Osayande, Patrick MLP	III	ICD-9	465.9	04/12/2012	Current	04/12/2012
Chronic sinusitis, frontal						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	473.1	05/18/2009	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	473.1	05/18/2009	Resolved	08/03/2012
05/18/2009 10:48 EST Chipi, E. J. MLP	III	ICD-9	473.1	05/18/2009	Current	05/18/2009
Allergic rhinitis, cause unspecified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	477.9	09/16/2009	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	477.9	09/16/2009	Resolved	08/03/2012
09/16/2009 13:01 EST Hernani, Joel MLP	III	ICD-9	477.9	09/16/2009	Current	09/16/2009
Unspecified disease of pharynx						
02/23/2016 07:20 EST SYSTEM Pharyngitis	III	ICD-9	478.20	12/21/2009	Resolved	12/21/2009
02/28/2011 11:51 EST Barela, P. RN Pharyngitis	III	ICD-9	478.20	12/21/2009	Resolved	12/21/2009
12/21/2009 15:57 EST Hernani, Joel MLP Pharyngitis	III	ICD-9	478.20	12/21/2009	Current	12/21/2009
Asthma, unspecified						
08/02/2016 15:16 EST Wilson, William E. MD/CD This dx is highly suspect; I find no supporting documentation.	III	ICD-9	493.90	08/30/2011	Resolved	08/02/2016
03/02/2016 15:28 EST Oba, D. MD This dx is highly suspect; I find no supporting documentation.	III	ICD-9	493.90	08/30/2011	Current	03/02/2016
02/20/2013 15:00 EST Allred, D. DO This dx is highly suspect; I find no supporting documentation.	III	ICD-9	493.90	08/30/2011	Remission	02/20/2013
08/30/2011 12:33 EST Wilson, CA DO	III	ICD-9	493.90	08/30/2011	Current	08/30/2011

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Respiratory conditions due to oth spec ext agents						
02/23/2016 07:20 EST SYSTEM Smoke inhalation	III	ICD-9	508.8	10/19/2010	Resolved	10/19/2010
02/28/2011 11:51 EST Barela, P. RN Smoke inhalation	III	ICD-9	508.8	10/19/2010	Resolved	10/19/2010
10/19/2010 18:14 EST Holbrook, William MD Smoke inhalation	III	ICD-9	508.8	10/19/2010	Current	10/19/2010
Dental caries, unspecified						
02/23/2016 07:20 EST SYSTEM Patient elects not to have recommended treatment	III	ICD-9	521.00	02/25/2009	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C Patient elects not to have recommended treatment	III	ICD-9	521.00	02/25/2009	Resolved	03/17/2015
02/25/2009 11:21 EST Travis, J. DDS Patient elects not to have recommended treatment	III	ICD-9	521.00	02/25/2009	Current	02/25/2009
^Chronic periodontitis						
02/23/2016 07:20 EST SYSTEM Possible.	III	ICD-9	523.4	03/17/2011	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C Possible.	III	ICD-9	523.4	03/17/2011	Resolved	03/17/2015
03/17/2011 13:35 EST Lorincz, J. DMD Possible.	III	ICD-9	523.4	03/17/2011	Current	03/17/2011
Unspecified unsatisfactory restoration of tooth						
03/23/2016 07:28 EST Buschman, Brian MD	III	ICD-9	525.60	01/06/2010	Resolved	03/23/2016
01/06/2010 14:59 EST Burrell, Stephanie DDS	III	ICD-9	525.60	01/06/2010	Current	01/06/2010
Unspecified unsatisfactory restoration of tooth						
03/23/2016 07:28 EST Buschman, Brian MD #30	III	ICD-9	525.60	10/24/2008	Resolved	03/23/2016
10/24/2008 14:03 EST Ligon, Letich DDS #30	III	ICD-9	525.60	10/24/2008	Current	10/24/2008
Esophageal reflux						
02/23/2016 07:20 EST SYSTEM R/O Esophageal spasm	III	ICD-9	530.81	09/30/2010	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO R/O Esophageal spasm	III	ICD-9	530.81	09/30/2010	Resolved	02/20/2013
09/30/2010 12:32 EST Mourtada, Mounir MLP R/O Esophageal spasm	III	ICD-9	530.81	09/30/2010	Current	09/30/2010

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Dyspepsia and other spec disorders (Stomach Pain)						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	536.8	04/30/2009	Resolved	04/30/2009
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	536.8	04/30/2009	Resolved	04/30/2009
04/30/2009 09:36 EST Chipi, E. J. MLP	III	ICD-9	536.8	04/30/2009	Current	04/30/2009
Allergic gastroenteritis and colitis						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	558.3	10/15/2009	Resolved	10/15/2009
Recommended fluids and will treat the loose stool with immodium.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	558.3	10/15/2009	Resolved	10/15/2009
Recommended fluids and will treat the loose stool with immodium.						
10/15/2009 15:10 EST Holbrook, William MD	III	ICD-9	558.3	10/15/2009	Current	10/15/2009
Recommended fluids and will treat the loose stool with immodium.						
Constipation, unspecified						
03/23/2016 07:27 EST Buschman, Brian MD	III	ICD-9	564.00	12/26/2012	Resolved	03/23/2016
Now loose BMs since colectomy						
01/02/2015 12:05 EST Zongker, Tyler PA-C	III	ICD-9	564.00	12/26/2012	Current	01/02/2015
I/M states he is constipated and feels like he will be for a long time.						
01/02/2015 11:41 EST Zongker, Tyler PA-C	III	ICD-9	564.00	12/26/2012	Current	01/02/2015
02/20/2013 15:00 EST Allred, D. DO	III	ICD-9	564.00	12/26/2012	Resolved	02/20/2013
12/26/2012 13:15 EST Osagie, A. MLP	III	ICD-9	564.00	12/26/2012	Current	12/26/2012
Perforation of intestine						
03/02/2016 15:28 EST Oba, D. MD	III	ICD-9	569.83	02/16/2016	Resolved	03/02/2016
large bowel perforation repaired, wound vacuum placed. FB of temple piece of glasses ingested 5-6 months ago.						
02/16/2016 14:01 EST Oba, D. MD	III	ICD-9	569.83	02/16/2016	Current	02/16/2016
large bowel perforation repaired, wound vacuum placed. FB of temple piece of glasses ingested 5-6 months ago.						
Other						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	571.49	10/03/2011	Resolved	08/03/2012
fatigue						
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	571.49	10/03/2011	Resolved	08/03/2012
fatigue						
10/03/2011 17:08 EST Osagie, A. MLP	III	ICD-9	571.49	10/03/2011	Current	10/03/2011
fatigue						
Other						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	571.49	01/02/2011	Resolved	01/02/2011
Skin erythema measureing:3.0 cm x 1.0 cm on the anterior aspect of right elbow.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	571.49	01/02/2011	Resolved	01/02/2011
Skin erythema measureing:3.0 cm x 1.0 cm on the anterior aspect of right elbow.						

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
01/02/2011 12:50 EST Paco, Sofronio MLP Skin erythema measureing:3.0 cm x 1.0 cm on the anterior aspect of right elbow.	III	ICD-9	571.49	01/02/2011	Current	01/02/2011
Nerve pain, neuralgia neuritis, radiculitis						
03/23/2016 07:28 EST Buschman, Brian MD left radial to the hand	III	ICD-9	729.2	11/12/2015	Resolved	03/23/2016
11/12/2015 17:20 EST Oba, D. MD left radial to the hand	III	ICD-9	729.2	11/12/2015	Current	11/12/2015
Other specified anomaly of heart						
02/23/2016 07:20 EST SYSTEM etiology obscure	III	ICD-9	746.89	11/08/2008	Resolved	11/09/2008
02/28/2011 11:51 EST Barela, P. RN etiology obscure	III	ICD-9	746.89	11/08/2008	Resolved	11/09/2008
11/09/2008 11:15 EST Fitzwater, Patrick PA-C etiology obscure	III	ICD-9	746.89	11/08/2008	Current	11/09/2008
Syncope and collapse						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	780.2	01/21/2015	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C	III	ICD-9	780.2	01/21/2015	Resolved	03/17/2015
01/21/2015 14:15 EST Taylor, Jennifer PA-C	III	ICD-9	780.2	01/21/2015	Current	01/21/2015
Seizure disorder, other convulsions						
08/02/2016 15:16 EST Wilson, William E. MD/CD I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	III	ICD-9	780.39	08/20/2007	Resolved	08/02/2016
02/20/2013 15:00 EST Allred, D. DO I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.	III	ICD-9	780.39	08/20/2007	Current	02/20/2013
08/20/2007 11:54 EST Garza, Roberto MD	III	ICD-9	780.39	08/20/2007	Current	08/20/2007
Dizziness and giddiness						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	780.4	01/14/2015	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C	III	ICD-9	780.4	01/14/2015	Resolved	03/17/2015
01/14/2015 11:41 EST Taylor, Jennifer PA-C	III	ICD-9	780.4	01/14/2015	Current	01/14/2015
Rash and other nonspecific skin eruption						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	782.1	01/14/2015	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C	III	ICD-9	782.1	01/14/2015	Resolved	03/17/2015
01/14/2015 11:41 EST Taylor, Jennifer PA-C	III	ICD-9	782.1	01/14/2015	Current	01/14/2015
Swelling, mass, or lump, localized superficial						
02/23/2016 07:20 EST SYSTEM For observation, will refer to the surgeon when indicated.	III	ICD-9	782.2	08/13/2009	Resolved	08/03/2012

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/03/2012 14:26 EST Wilson, CA DO For observation, will refer to the surgeon when indicated.	III	ICD-9	782.2	08/13/2009	Resolved	08/03/2012
08/13/2009 14:46 EST Paco, Sofronio MLP For observation, will refer to the surgeon when indicated.	III	ICD-9	782.2	08/13/2009	Current	08/13/2009
Headache						
03/23/2016 07:28 EST Buschman, Brian MD R/O Chr. maxillary Sinusitis	III	ICD-9	784.0	04/30/2014	Resolved	03/23/2016
04/30/2014 16:35 EST Osagie, A. MLP R/O Chr. maxillary Sinusitis	III	ICD-9	784.0	04/30/2014	Current	04/30/2014
Epistaxis						
03/23/2016 07:28 EST Buschman, Brian MD	III	ICD-9	784.7	07/05/2014	Resolved	03/23/2016
01/19/2016 16:53 EST Oba, D. MD	III	ICD-9	784.7	07/05/2014	Current	01/19/2016
01/09/2015 16:10 EST Choudhury, Mahmood MD Self-inflicted epistasis for decondary gain.	III	ICD-9	784.7	07/05/2014	Resolved	01/09/2015
10/09/2014 15:07 EST Choudhury, Mahmood MD Self-inflicted epistasis for decondary gain.	III	ICD-9	784.7	07/05/2014	Remission	10/09/2014
07/05/2014 23:25 EST Osagie, A. MLP Self-inflicted epistasis for decondary gain.	III	ICD-9	784.7	07/05/2014	Current	07/05/2014
Palpitations						
02/23/2016 07:20 EST SYSTEM SINUS RHYTHM WITH MARKED SINUS ARRHYTHMIA; INCOMPLETE RBBB; BORDERLINE ON ECG; PROBABLY ANXIETY RELATED EVENT	III	ICD-9	785.1	07/27/2011	Resolved	09/16/2011
09/16/2011 03:08 EST Barela, P. RN SINUS RHYTHM WITH MARKED SINUS ARRHYTHMIA; INCOMPLETE RBBB; BORDERLINE ON ECG; PROBABLY ANXIETY RELATED EVENT	III	ICD-9	785.1	07/27/2011	Resolved	09/16/2011
07/27/2011 12:50 EST Osagie, A. MLP SINUS RHYTHM WITH MARKED SINUS ARRHYTHMIA; INCOMPLETE RBBB; BORDERLINE ON ECG; PROBABLY ANXIETY RELATED EVENT	III	ICD-9	785.1	07/27/2011	Current	07/27/2011
Palpitations						
02/23/2016 07:20 EST SYSTEM EKG normal I have asked the patient to notify an officer and check his pulse the next time he feels palpitations.	III	ICD-9	785.1	09/16/2009	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO EKG normal I have asked the patient to notify an officer and check his pulse the next time he feels palpitations.	III	ICD-9	785.1	09/16/2009	Resolved	02/20/2013
09/16/2009 17:04 EST Holbrook, William MD EKG normal I have asked the patient to notify an officer and check his pulse the next	III	ICD-9	785.1	09/16/2009	Current	09/16/2009

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time he feels palpitations.						
Other symptoms involving cardiovascular system (Bruit)						
02/23/2016 07:20 EST SYSTEM Stable.	III	ICD-9	785.9	09/09/2009	Resolved	09/09/2009
02/28/2011 11:51 EST Barela, P. RN Stable.	III	ICD-9	785.9	09/09/2009	Resolved	09/09/2009
09/09/2009 13:38 EST Dela Cruz, Honorio MLP Stable.	III	ICD-9	785.9	09/09/2009	Current	09/09/2009
Orthopnea						
03/23/2016 07:28 EST Buschman, Brian MD	III	ICD-9	786.02	12/17/2014	Resolved	03/23/2016
12/17/2014 13:47 EST Taylor, Jennifer PA-C	III	ICD-9	786.02	12/17/2014	Current	12/17/2014
Other chest pain						
02/23/2016 07:20 EST SYSTEM The patient was seen by Dr. Holbrook. He reviewed the ECG.	III	ICD-9	786.59	03/08/2010	Resolved	03/08/2010
07/01/2010 16:35 EST Cook, Bradley RN/IDC The patient was seen by Dr. Holbrook. He reviewed the ECG.	III	ICD-9	786.59	03/08/2010	Resolved	03/08/2010
03/08/2010 16:39 EST Paco, Sofronio MLP The patient was seen by Dr. Holbrook. He reviewed the ECG.	III	ICD-9	786.59	03/08/2010	Current	03/08/2010
Nausea with vomiting						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	787.01	01/05/2015	Resolved	01/14/2015
01/14/2015 11:41 EST Taylor, Jennifer PA-C	III	ICD-9	787.01	01/05/2015	Resolved	01/14/2015
01/05/2015 16:10 EST Taylor, Jennifer PA-C	III	ICD-9	787.01	01/05/2015	Current	01/05/2015
Diarrhea						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	787.91	03/08/2010	Resolved	03/08/2010
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	787.91	03/08/2010	Resolved	03/08/2010
03/08/2010 16:39 EST Paco, Sofronio MLP	III	ICD-9	787.91	03/08/2010	Current	03/08/2010
Diarrhea						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	787.91	03/27/2009	Resolved	03/27/2009
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	787.91	03/27/2009	Resolved	03/27/2009
03/27/2009 12:24 EST Chipi, E. J. MLP	III	ICD-9	787.91	03/27/2009	Current	03/27/2009
Abdominal pain						
10/27/2016 14:45 EST Lear, K. MD	III	ICD-9	789.0	02/09/2016	Resolved	10/27/2016
03/23/2016 07:27 EST Buschman, Brian MD	III	ICD-9	789.0	02/09/2016	Current	02/09/2016
02/09/2016 10:55 EST Rattan, Sattinder MLP Acute Abdomen	III	ICD-9	789.0	02/09/2016	Current	02/09/2016

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Closed fracture 1 or more phalanges, distal						
02/23/2016 07:20 EST SYSTEM Right 4th finger.	III	ICD-9	816.02	10/07/2010	Resolved	10/07/2010
02/28/2011 11:51 EST Barela, P. RN Right 4th finger.	III	ICD-9	816.02	10/07/2010	Resolved	10/07/2010
10/07/2010 20:13 EST Dela Cruz, Honorio MLP Right 4th finger.	III	ICD-9	816.02	10/07/2010	Current	10/07/2010
Finger, dislocation, closed						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	834.00	09/30/2010	Resolved	09/30/2010
09/30/2010 12:15 EST Dela Cruz, Honorio MLP	III	ICD-9	834.00	09/30/2010	Resolved	09/30/2010
Back, sprain and strain						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	847.9	02/02/2011	Resolved	06/24/2015
06/24/2015 08:56 EST Ransdell, Shelby PA-C	III	ICD-9	847.9	02/02/2011	Current	06/24/2015
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	847.9	02/02/2011	Resolved	02/02/2011
02/02/2011 11:57 EST Dela Cruz, Honorio MLP	III	ICD-9	847.9	02/02/2011	Current	02/02/2011
Open wound of scrotum and testes, complicated						
03/23/2016 07:28 EST Buschman, Brian MD self inflicted 02:30 today, purported insertion of two glass FB, 2mm each.	III	ICD-9	878.3	08/17/2015	Resolved	03/23/2016
08/17/2015 10:12 EST Oba, D. MD self inflicted 02:30 today, purported insertion of two glass FB, 2mm each.	III	ICD-9	878.3	08/17/2015	Current	08/17/2015
Hand abrasion or friction burn without infection						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	914.0	06/30/2009	Resolved	06/30/2009
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	914.0	06/30/2009	Resolved	06/30/2009
06/30/2009 09:38 EST Chipi, E. J. MLP	III	ICD-9	914.0	06/30/2009	Current	06/30/2009
Abrasion or friction burn of fingers w/o infection						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	915.0	09/30/2010	Resolved	09/30/2010
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	915.0	09/30/2010	Resolved	09/30/2010
09/30/2010 12:15 EST Dela Cruz, Honorio MLP	III	ICD-9	915.0	09/30/2010	Current	09/30/2010
Contusion of multiple sites						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	923.09	09/30/2010	Resolved	09/30/2010
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	923.09	09/30/2010	Resolved	09/30/2010
09/30/2010 12:15 EST Dela Cruz, Honorio MLP	III	ICD-9	923.09	09/30/2010	Current	09/30/2010
Forearm, contusion						
02/23/2016 07:20 EST SYSTEM Right forearm	III	ICD-9	923.10	10/10/2010	Resolved	10/10/2010

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02/28/2011 11:51 EST Barela, P. RN Right forearm	III	ICD-9	923.10	10/10/2010	Resolved	10/10/2010
10/10/2010 14:29 EST Hernani, Joel MLP Right forearm	III	ICD-9	923.10	10/10/2010	Current	10/10/2010
Forearm, contusion						
02/23/2016 07:20 EST SYSTEM contusion to right hand.	III	ICD-9	923.10	06/30/2009	Resolved	06/30/2009
02/28/2011 11:51 EST Barela, P. RN contusion to right hand.	III	ICD-9	923.10	06/30/2009	Resolved	06/30/2009
06/30/2009 09:38 EST Chipi, E. J. MLP contusion to right hand.	III	ICD-9	923.10	06/30/2009	Current	06/30/2009
Knee, contusion						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	924.11	10/22/2010	Resolved	10/22/2010
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	924.11	10/22/2010	Resolved	10/22/2010
10/22/2010 09:42 EST Marasigan, Laureano MLP	III	ICD-9	924.11	10/22/2010	Current	10/22/2010
Contusion of unspecified site						
03/23/2016 07:28 EST Buschman, Brian MD Nose. right cervical neck, lumbar back on the right, right patella, right ankle	III	ICD-9	924.9	06/30/2009	Resolved	03/23/2016
01/19/2016 16:52 EST Oba, D. MD Nose. right cervical neck, lumbar back on the right, right patella, right ankle	III	ICD-9	924.9	06/30/2009	Current	01/19/2016
02/28/2011 11:51 EST Barela, P. RN Nose.	III	ICD-9	924.9	06/30/2009	Resolved	06/30/2009
06/30/2009 12:43 EST Chipi, E. J. MLP Nose.	III	ICD-9	924.9	06/30/2009	Current	06/30/2009
Head injury, unspecified						
02/23/2016 07:20 EST SYSTEM low grade,seems not very significant, from accidental fall , but currently under eval.	III	ICD-9	959.01	01/09/2015	Resolved	03/17/2015
03/17/2015 11:20 EST Taylor, Jennifer PA-C low grade,seems not very significant, from accidental fall , but currently under eval.	III	ICD-9	959.01	01/09/2015	Resolved	03/17/2015
01/09/2015 16:10 EST Choudhury, Mahmood MD low grade,seems not very significant, from accidental fall , but currently under eval.	III	ICD-9	959.01	01/09/2015	Current	01/09/2015
Asphyxiation and strangulation						
02/23/2016 07:20 EST SYSTEM Attempted suicide by hanging raborted resulting in neck pain	III	ICD-9	994.7	08/13/2013	Resolved	01/10/2014
01/10/2014 12:05 EST Camacho, R. MLP Attempted suicide by hanging raborted resulting in neck pain	III	ICD-9	994.7	08/13/2013	Resolved	01/10/2014
08/13/2013 15:11 EST Osagie, A. MLP Attempted suicide by hanging raborted resulting in neck pain	III	ICD-9	994.7	08/13/2013	Current	08/13/2013

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Psychosocial and environmental problems						
03/23/2016 07:28 EST Buschman, Brian MD	IV	ICD-9	Axis IV	04/11/2012	Resolved	03/23/2016
02/20/2013 15:00 EST Allred, D. DO	IV	ICD-9	Axis IV	04/11/2012	Current	02/20/2013
04/11/2012 13:04 EST Tharp, Denny K. DO, CD LEGAL	III	ICD-9	Axis IV	04/11/2012	Current	04/11/2012
Psychosocial and environmental problems						
03/23/2016 07:28 EST Buschman, Brian MD incarceration	IV	ICD-9	Axis IV	03/18/2010	Resolved	03/23/2016
09/16/2010 17:18 EST Arriola, Lemuel MD incarceration	III	ICD-9	Axis IV	03/18/2010	Current	03/18/2010
03/18/2010 15:16 EST Thomas, D. DO	III	ICD-9	Axis IV	03/18/2010	Current	03/18/2010
Adjustment Disorders: With Mixed Disturbance Of Emotions And Conduct						
02/23/2016 07:20 EST SYSTEM	I	DSM-IV	F43.25	04/23/2014	Resolved	06/02/2015
06/02/2015 12:35 EST Brockman, Andrea PhD	I	DSM-IV	F43.25	04/23/2014	Resolved	06/02/2015
04/23/2014 17:19 EST Coulter, Jennifer Psy.D.	I	DSM-IV	F43.25	04/23/2014	Current	04/23/2014
Other Specified Personality Disorder						
02/23/2016 07:20 EST SYSTEM With Mixed Cluster B Features/Traits	II	DSM-IV	F60.89	04/23/2014	Resolved	06/02/2015
06/02/2015 12:35 EST Brockman, Andrea PhD With Mixed Cluster B Features/Traits	II	DSM-IV	F60.89	04/23/2014	Resolved	06/02/2015
04/23/2014 17:19 EST Coulter, Jennifer Psy.D. With Mixed Cluster B Features/Traits	II	DSM-IV	F60.89	04/23/2014	Current	04/23/2014
GAF 31 - 50						
02/23/2016 07:20 EST SYSTEM GAF-50	V	ICD-9	G2	04/11/2012	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO GAF-50	V	ICD-9	G2	04/11/2012	Resolved	02/20/2013
04/11/2012 13:04 EST Tharp, Denny K. DO, CD GAF-50	III	ICD-9	G2	04/11/2012	Current	04/11/2012
GAF 51 - 70						
02/23/2016 07:20 EST SYSTEM	V	ICD-9	G3	04/06/2012	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO	V	ICD-9	G3	04/06/2012	Resolved	02/20/2013
04/06/2012 13:22 EST Tharp, Denny K. DO, CD	III	ICD-9	G3	04/06/2012	Current	04/06/2012
GAF 51 - 70						
03/23/2016 07:28 EST Buschman, Brian MD	V	ICD-9	G3	07/17/2009	Resolved	03/23/2016
07/17/2009 14:43 EST Lopez, Hector MD	III	ICD-9	G3	07/17/2009	Current	07/17/2009

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Epilepsy/Seizure Disorder						
04/11/2017 14:14 EST Kirsch, Edwin PA inmate states that she has never had a seizure and was just wanting a lower bunk pass		ICD-10	G40909	10/27/2016	Resolved	04/11/2017
10/27/2016 15:00 EST Lear, K. MD Sz s/p MVA as a child		ICD-10	G40909	10/27/2016	Current	
Cellulitis, unspecified						
03/23/2016 07:29 EST Buschman, Brian MD abdominal incision drainage, foul		ICD-10	L0390	03/02/2016	Resolved	03/23/2016
03/02/2016 15:28 EST Oba, D. MD abdominal incision drainage, foul		ICD-10	L0390	03/02/2016	Current	
Other fatigue						
10/27/2016 14:45 EST Lear, K. MD		ICD-10	R5383	04/13/2016	Resolved	10/27/2016
04/13/2016 13:16 EST Bennett-Meehan, Jody PA-C		ICD-10	R5383	04/13/2016	Current	
Foreign body in genitourinary tract						
10/27/2016 14:45 EST Lear, K. MD S/P surgical excision 5/25/16		ICD-10	T199XX	05/26/2016	Resolved	10/27/2016
05/26/2016 12:38 EST Craig, Charles PA-C S/P surgical excision 5/25/16		ICD-10	T199XX	05/26/2016	Current	
History of disease of skin and subcutaneous tissue						
02/23/2016 07:20 EST SYSTEM left wrist with 1.5 cm round firm mobile subQ mass at old self inflicted surgical site mass is causing the inmate atrophy of the hand and ulnar nerve neuropathy per inmate hx and clinical exam	III	ICD-9	V13.3	10/10/2008	Resolved	10/10/2008
02/28/2011 11:51 EST Barela, P. RN left wrist with 1.5 cm round firm mobile subQ mass at old self inflicted surgical site mass is causing the inmate atrophy of the hand and ulnar nerve neuropathy per inmate hx and clinical exam	III	ICD-9	V13.3	10/10/2008	Resolved	10/10/2008
10/10/2008 13:08 EST Fitzwater, Patrick PA-C left wrist with 1.5 cm round firm mobile subQ mass at old self inflicted surgical site mass is causing the inmate atrophy of the hand and ulnar nerve neuropathy per inmate hx and clinical exam	III	ICD-9	V13.3	10/10/2008	Current	10/10/2008
Physical restraints status						
03/23/2016 07:28 EST Buschman, Brian MD Patient placed in 4-point restraints on 8/31/2015 at 0800.	III	ICD-9	V49.87	08/31/2015	Resolved	03/23/2016
08/31/2015 10:33 EST Ransdell, Shelby PA-C Patient placed in 4-point restraints on 8/31/2015 at 0800.	III	ICD-9	V49.87	08/31/2015	Current	08/31/2015

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Suicidal ideation						
02/23/2016 07:20 EST SYSTEM Suicide attempt by OD and hanging	III	ICD-9	V62.84	11/30/2012	Resolved	04/23/2015
04/23/2015 11:54 EST Allred, D. DO Suicide attempt by OD and hanging	III	ICD-9	V62.84	11/30/2012	Resolved	04/23/2015
03/30/2015 14:53 EST Petry, G. MD/CD Suicide attempt by OD and hanging	III	ICD-9	V62.84	11/30/2012	Current	03/30/2015
02/20/2013 15:00 EST Allred, D. DO Suicide attempt by OD and hanging	III	ICD-9	V62.84	11/30/2012	Resolved	02/20/2013
11/30/2012 16:35 EST Osagie, A. MLP Suicide attempt by OD and hanging	III	ICD-9	V62.84	11/30/2012	Current	11/30/2012
Suicidal ideation						
02/23/2016 07:20 EST SYSTEM Suicide attempt by hanging.	III	ICD-9	V62.84	11/07/2009	Resolved	11/07/2009
02/28/2011 11:51 EST Barela, P. RN Suicide attempt by hanging.	III	ICD-9	V62.84	11/07/2009	Resolved	11/07/2009
11/07/2009 17:08 EST Dela Cruz, Honorio MLP Suicide attempt by hanging.	III	ICD-9	V62.84	11/07/2009	Current	11/07/2009
HIV counseling						
02/23/2016 07:20 EST SYSTEM October 17, 2014 Serum HIV test is negative. Patient is informed and Post-HIV Counseling is done.	III	ICD-9	V65.44	10/17/2014	Resolved	10/17/2014
10/17/2014 19:02 EST Khan, Zafar PA October 17, 2014 Serum HIV test is negative. Patient is informed and Post-HIV Counseling is done.	III	ICD-9	V65.44	10/17/2014	Resolved	10/17/2014
10/17/2014 19:01 EST Khan, Zafar PA	III	ICD-9	V65.44	10/17/2014	Current	10/17/2014
Gen psych exam, see health prob list						
03/23/2016 07:28 EST Buschman, Brian MD	III	ICD-9	V70.2	06/05/2012	Resolved	03/23/2016
06/05/2012 13:45 EST Tharp, Denny K. DO, CD	III	ICD-9	V70.2	06/05/2012	Current	06/05/2012
Gen psych exam, see health prob list						
02/23/2016 07:20 EST SYSTEM duplicate	III	ICD-9	V70.2	04/11/2012	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO duplicate	III	ICD-9	V70.2	04/11/2012	Resolved	02/20/2013
04/11/2012 13:04 EST Tharp, Denny K. DO, CD	III	ICD-9	V70.2	04/11/2012	Current	04/11/2012

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Other medical exam for administrative purposes						
02/23/2016 07:20 EST SYSTEM Suspected condition, nothing found	III	ICD-9	V70.3	04/04/2014	Resolved	04/23/2015
04/23/2015 11:54 EST Allred, D. DO Suspected condition, nothing found	III	ICD-9	V70.3	04/04/2014	Resolved	04/23/2015
04/04/2014 15:25 EST Osagie, A. MLP Suspected condition, nothing found	III	ICD-9	V70.3	04/04/2014	Current	04/04/2014
Health examination in population surveys						
02/23/2016 07:20 EST SYSTEM Injury assessment for PREA allegations on 7/20/2015. Injury assessment for PREA allegations on 7/21/2015. Injury assessment for suicide attempt on 8/11/2015. Injury assessment for self-inflicted wounds. 8/31/2015.	III	ICD-9	V70.6	07/20/2015	Resolved	07/20/2015
08/31/2015 10:33 EST Ransdell, Shelby PA-C Injury assessment for PREA allegations on 7/20/2015. Injury assessment for PREA allegations on 7/21/2015. Injury assessment for suicide attempt on 8/11/2015. Injury assessment for self-inflicted wounds. 8/31/2015.	III	ICD-9	V70.6	07/20/2015	Resolved	07/20/2015
08/11/2015 12:45 EST Ransdell, Shelby PA-C Injury assessment for PREA allegations on 7/20/2015. Injury assessment for PREA allegations on 7/21/2015. Injury assessment for suicide attempt on 8/11/2015.	III	ICD-9	V70.6	07/20/2015	Resolved	07/20/2015
07/21/2015 11:55 EST Ransdell, Shelby PA-C Injury assessment for PREA allegations on 7/20/2015. Injury assessment for PREA allegations on 7/21/2015.	III	ICD-9	V70.6	07/20/2015	Resolved	07/20/2015
07/20/2015 15:01 EST Ransdell, Shelby PA-C Injury assessment for PREA allegations on 7/20/2015.	III	ICD-9	V70.6	07/20/2015	Resolved	07/20/2015
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	07/01/2009	Resolved	07/01/2009
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	V70.8	07/01/2009	Resolved	07/01/2009
07/01/2009 12:08 EST Chipi, E. J. MLP	III	ICD-9	V70.8	07/01/2009	Current	07/01/2009

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	06/10/2009	Resolved	09/16/2011
09/16/2011 03:08 EST Barela, P. RN	III	ICD-9	V70.8	06/10/2009	Resolved	09/16/2011
06/10/2009 11:03 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/10/2009	Remission	06/10/2009
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	06/09/2009	Resolved	06/09/2009
Calculated use of force. Gas was used.						
Contusion right eye.						
Abrasion right thumb.						
EKG was WNL.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	V70.8	06/09/2009	Resolved	06/09/2009
Calculated use of force. Gas was used.						
Contusion right eye.						
Abrasion right thumb.						
EKG was WNL.						
06/09/2009 10:29 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/09/2009	Current	06/09/2009
Calculated use of force. Gas was used.						
Contusion right eye.						
Abrasion right thumb.						
EKG was WNL.						
06/09/2009 10:27 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/09/2009	Current	06/09/2009
Calculated use of force. Gas was used.						
Contusion right eye.						
Abrasion right thumb.						
06/09/2009 10:21 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/09/2009	Current	06/09/2009
Calculated use of force. Gas was used.						
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	06/09/2009	Resolved	06/09/2009
Suicide attempt.						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	V70.8	06/09/2009	Resolved	06/09/2009
Suicide attempt.						
06/09/2009 13:42 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/09/2009	Current	06/09/2009
Suicide attempt.						
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	06/03/2009	Resolved	06/03/2009
06/03/2009 09:47 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/03/2009	Resolved	06/03/2009
06/03/2009 09:47 EST Chipi, E. J. MLP	III	ICD-9	V70.8	06/03/2009	Current	06/03/2009
Other specified general medical examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.8	01/26/2009	Resolved	01/26/2009

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
01/26/2009 10:53 EST Chipi, E. J. MLP	III	ICD-9	V70.8	01/26/2009	Resolved	01/26/2009
Observation for other spec suspected conditions						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.89	01/01/2011	Resolved	01/01/2011
On ambulatory restraints. No injuries noted						
02/28/2011 11:51 EST Barela, P. RN	III	ICD-9	V71.89	01/01/2011	Resolved	01/01/2011
On ambulatory restraints. No injuries noted						
01/01/2011 17:51 EST Hernani, Joel MLP	III	ICD-9	V71.89	01/01/2011	Current	01/01/2011
On ambulatory restraints. No injuries noted						
Condition Not Found, Essentially Healthy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.9	08/31/2010	Resolved	03/02/2011
03/02/2011 17:34 EST Severn, D. DO	III	ICD-9	V71.9	08/31/2010	Resolved	03/02/2011
08/31/2010 10:27 EST Hernani, Joel MLP	III	ICD-9	V71.9	08/31/2010	Current	08/31/2010
Condition Not Found, Essentially Healthy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.9	08/30/2010	Resolved	08/03/2012
08/03/2012 14:26 EST Wilson, CA DO	III	ICD-9	V71.9	08/30/2010	Resolved	08/03/2012
08/30/2010 16:22 EST Paco, Sofronio MLP	III	ICD-9	V71.9	08/30/2010	Current	08/30/2010
Condition Not Found, Essentially Healthy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.9	01/25/2010	Resolved	02/20/2013
02/20/2013 15:00 EST Allred, D. DO	III	ICD-9	V71.9	01/25/2010	Resolved	02/20/2013
02/27/2012 18:00 EST Severn, D. DO	III	ICD-9	V71.9	01/25/2010	Current	02/22/2012
01/25/2010 13:55 EST Paco, Sofronio MLP	III	ICD-9	V71.9	01/25/2010	Current	01/25/2010
Tonsills shows old scar at tonsillar crypts, a sign of chronic tonsillitis. I will order throat culture and sensitivity test.						
The patient had been previously treated with Doxycycline 100 mg bid for 7 days and Septra-Ds 1 tablet bid for 14 days.						
Condition Not Found, Essentially Healthy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.9	11/08/2009	Resolved	11/08/2009
03/02/2011 17:34 EST Severn, D. DO	III	ICD-9	V71.9	11/08/2009	Resolved	11/08/2009
11/08/2009 15:17 EST Paco, Sofronio MLP	III	ICD-9	V71.9	11/08/2009	Current	11/08/2009
Condition Not Found, Essentially Healthy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V71.9	11/08/2009	Resolved	03/02/2011
03/02/2011 17:34 EST Severn, D. DO	III	ICD-9	V71.9	11/08/2009	Resolved	03/02/2011
11/08/2009 15:24 EST Paco, Sofronio MLP	III	ICD-9	V71.9	11/08/2009	Current	11/08/2009
Dental examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.2	04/20/2011	Resolved	04/20/2011
#9						

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
04/20/2011 12:07 EST Lorincz, J. DMD #9	III	ICD-9	V72.2	04/20/2011	Resolved	04/20/2011
Other specified examination						
02/23/2016 07:20 EST SYSTEM returned from STMH after Acetaminophen overdose	III	ICD-9	V72.85	01/24/2012	Resolved	01/10/2014
01/10/2014 12:05 EST Camacho, R. MLP returned from STMH after Acetaminophen overdose	III	ICD-9	V72.85	01/24/2012	Resolved	01/10/2014
06/09/2013 20:48 EST Camacho, R. MLP returned from STMH after Acetaminophen overdose	III	ICD-9	V72.85	01/24/2012	Current	06/09/2013
08/03/2012 14:26 EST Wilson, CA DO Suspected condition, nothing found	III	ICD-9	V72.85	01/24/2012	Resolved	08/03/2012
01/24/2012 16:37 EST Osagie, A. MLP Suspected condition, nothing found	III	ICD-9	V72.85	01/24/2012	Current	01/24/2012
Encounter for general adult medical exam without abnormal findings						
04/28/2017 14:03 EST Moose, S. MD		ICD-10	Z0000	01/05/2017	Resolved	04/28/2017
01/05/2017 13:54 EST Kirsch, Edwin PA		ICD-10	Z0000	01/05/2017	Current	
Encounter for general adult medical exam without abnormal findings						
04/28/2017 14:03 EST Moose, S. MD		ICD-10	Z0000	07/19/2016	Resolved	04/28/2017
07/19/2016 15:44 EST Pierce, Stacie PA-C		ICD-10	Z0000	07/19/2016	Current	
Negative Test: HIV, Human immunodeficiency virus						
04/28/2017 14:03 EST Moose, S. MD		ICD-10	Z717	10/27/2016	Resolved	04/28/2017
10/27/2016 15:07 EST Zongker, Tyler PA-C		ICD-10	Z717	10/27/2016	Current	

Current

Other specified types of schizophrenia

03/18/2010 15:16 EST Thomas, D. DO --criteria not met	III	ICD-9	295.8	08/20/2007	Current	08/20/2007
08/20/2007 11:54 EST Garza, Roberto MD Axis I Schizophrenia/dilusional type II none III 1.HTN, 2.Seizure d/o IV legal V gaf	III	ICD-9	295.8	08/20/2007	Current	08/20/2007

Total: 130

Bureau of Prisons**Health Services****Treatments****Begin Date:** 03/01/2016**End Date:** 08/01/2016**Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Date</u>	<u>Time</u>	<u>Treatment</u>	<u>Provider</u>	<u>Status</u>
06/07/2016	10:25 ALX	Suture Removal sutures and staples removed	Martinez, Andrea RN	Completed

Orig Entered: 06/07/2016 10:25 EST Martinez, Andrea RN**Total:** 1**Ex. 3, Attach. A, p. 318**

Bureau of Prisons
Health Services
Immunizations

Begin Date: 03/01/2016**End Date:** 08/01/2016**Reg #:** 16267-064**Inmate Name:** PINSON, JEREMY VAUGHN

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>Drug Mfg.</u>	<u>Lot #</u>	<u>Exp Date</u>
Hepatitis A Series	04/27/2016	Now	Left Deltoid	1mL	GSK	5D952	04/30/2018
Orig Entered: 04/27/2016 13:11 EST Rishel, Richard NRP							
Hepatitis B Series	05/23/2016	Now	Left Deltoid	1mL	Glaxo	EG9Y2	09/30/2018
Orig Entered: 05/23/2016 11:18 EST Martinez, Andrea RN							
Hepatitis B Series	04/27/2016	Now	Right Deltoid	1mL	GSK	392RL	08/31/2017
Orig Entered: 04/27/2016 13:11 EST Rishel, Richard NRP							

Total: 3**Ex. 3, Attach. A, p. 319**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 07/28/2017
☒ other: ***Inmate has signed refusal of low bunk pass*** Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: Yes☒ No Restrictions

Comments: CL2 - GI, Neuro, Pulm, MH
Low bunk pass due to seizure activity.

Mata, Heather PA-C07/28/2016

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 320**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

___ confined to the living quarters except ___ meals ___ pill line ___ treatments Exp. Date: _____
 ___ on complete bed rest: ___ bathroom privileges only Exp. Date: _____
 ___ cell: ___ cell on first floor ___ single cell ___ lower bunk ___ airborne infection isolation Exp. Date: _____
 ___ other: _____ Exp. Date: _____

Physical Limitation/Restriction

___ all sports Exp. Date: _____
 ___ weightlifting: ___ upper body ___ lower body Exp. Date: _____
 ___ cardiovascular exercise: ___ running ___ jogging ___ walking ___ softball Exp. Date: _____
 ___ football ___ basketball ___ handball ___ stationary equipment
 ___ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: YesX No Restrictions**Comments:** CL2 - GI, Neuro, Pulm, MH**Mata, Heather PA-C****07/28/2016**

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 321**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: YesX No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)**Buschman, Brian MD****07/14/2016**

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 322**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☒ other: EGD 7-14-16. Also on Hormone TX Exp. Date: 07/13/2016

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: Yes☒ No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)**Conlin, Sean EMT-P/QI/ICC****07/13/2016**

Health Services Staff

Date

Inmate Name: **PINSON, JEREMY VAUGHN** Reg #: **16267-064** Quarters: **A07****ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 323**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☒ other: Hormone TX Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: Yes☒ No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)Wood, B. PA-C04/22/2016

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 324**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☒ other: Hormone TX Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: No☒ No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)Magyar, Michael B. AHSA/NREMT-P04/04/2016

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 325**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

___ confined to the living quarters except ___ meals ___ pill line ___ treatments Exp. Date: _____
 ___ on complete bed rest: ___ bathroom privileges only Exp. Date: _____
 ___ cell: ___ cell on first floor ___ single cell ___ lower bunk ___ airborne infection isolation Exp. Date: _____
 ___ other: _____ Exp. Date: _____

Physical Limitation/Restriction

___ all sports Exp. Date: _____
 ___ weightlifting: ___ upper body ___ lower body Exp. Date: _____
 ___ cardiovascular exercise: ___ running ___ jogging ___ walking ___ softball Exp. Date: _____
 ___ football ___ basketball ___ handball ___ stationary equipment
 ___ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: NoX No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)Martinez, Andrea RN04/01/2016

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 326**

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____
☒ other: TRANSGENDER ON THERAPY 6-24-2016 Exp. Date: 03/24/2016

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	10/09/2014		

Work Restriction / Limitation:Cleared for Food Service: No☒ No Restrictions**Comments:** 11/18/15 - Full Liquids for 2 days (till 11/20/15)Potope, James HSA/NREMT-P03/24/2016

Health Services Staff

Date

Inmate Name: PINSON, JEREMY VAUGHN Reg #: 16267-064 Quarters: A07**ALL EXPIRATION DATES ARE AT 24:00****Ex. 3, Attach. A, p. 327**

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: RCH--ROCHESTER FMC	Begin Date: 03/01/2016	End Date: 08/01/2016
Inmate: PINSON, JEREMY VAUGHN	Reg #: 16267-064	Quarter: A07-236LAD

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth four times daily for 14 days AS NEEDED - no refills

Rx#: 189998-FLX **Doctor:** Rattan, S. MLP

Start: 02/25/16 **Exp:** 03/10/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 112 tab in 476 days

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth twice daily AS NEEDED ***pill line*** ***pill line***

Rx#: 436743-ALX **Doctor:** Buschman, Brian MD

Start: 07/13/16 **Exp:** 07/16/16 **Pharmacy Dispensings:** 0 tab in 337 days

Acetaminophen/Codeine 300/30MG Tab UD

pill line Take two tablets by mouth twice daily for 3 days ***crush/empty***

- last dose 3/8/16 MORNING ***pill line***

Rx#: 190836-FLX **Doctor:** Oba, D. MD

Start: 03/05/16 **Exp:** 03/08/16 **Pharmacy Dispensings:** 0 TAB in 467 days

Acetaminophen/Codeine 300/30MG Tab UD

Take two tablets by mouth twice daily ***pill line*** ***crush/empty*** ***pill line***

Rx#: 431131-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director

Start: 05/26/16 **Exp:** 05/29/16 **Pharmacy Dispensings:** 0 TAB in 385 days

Acetaminophen/Codeine 300/30MG Tab UD

Take two tablets by mouth twice daily AS NEEDED ***crush/empty*** ***pill line***

Rx#: 433704-ALX **Doctor:** Buschman, Brian MD

Start: 06/17/16 **Exp:** 06/20/16 **Pharmacy Dispensings:** 0 TAB in 363 days

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth four times daily as needed

Rx#: 184566-FLX **Doctor:** Oba, D. MD

Start: 11/13/15 **Exp:** 11/07/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 13.4 GM in 580 days

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth four times daily as needed

Rx#: 377561-THX **Doctor:** Wilson, William E. MD/CD

Start: 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 0 GM in 324 days

Ex. 3, Attach. A, p. 328

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth four times daily as needed

Rx#: 420652-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 6.7 GM in 461 days

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

Rx#: 422169-ALX **Doctor:** Buschman, Brian MD**Start:** 03/23/16 **Exp:** 03/23/17 **D/C:** 07/18/16 **Pharmacy Dispensings:** 26.8 GM in 449 days

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

Rx#: 554566-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 6.7 GM in 331 days

ALOH/MGOH/Simeth (Mylanta) (OTC) 355ML susp

Drink 30ml by mouth three times daily AS NEEDED ***pill line*** ***pill line***

Rx#: 436971-ALX **Doctor:** Buschman, Brian MD**Start:** 07/14/16 **Exp:** 07/16/16 **Pharmacy Dispensings:** 180 ML in 336 days

Bacitracin/Polymyxin B oint 14.17GM

Apply a small amount topically to the affected area(s) twice daily

Rx#: 433202-ALX **Doctor:** Buschman, Brian MD**Start:** 06/14/16 **Exp:** 06/19/16 **Pharmacy Dispensings:** 14.17 GM in 366 days

clonazepam 0.5 MG Tab UD

Take three tablets (1.5 MG) by mouth at noon ***pill line*** ***crush/empty*** ***pill line***

Rx#: 377807-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 08/25/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 0 TAB in 324 days

clonazepam 0.5 MG Tab UD

Take four tablets (2 MG) by mouth each evening ***pill line*** ***crush/empty*** ***pill line***

Rx#: 377808-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 08/25/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 0 TAB in 324 days

clonazepam 1 MG Tab UD

Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

Rx#: 422731-ALX **Doctor:** Sharretts, Ray DO**Start:** 03/25/16 **Exp:** 04/24/16 **D/C:** 04/20/16 **Pharmacy Dispensings:** 0 TAB in 447 days**Ex. 3, Attach. A, p. 329**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

clonazepam 1 MG Tab UD

Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

Rx#: 426239-ALX **Doctor:** Buschman, Brian MD**Start:** 04/20/16 **Exp:** 05/20/16 **D/C:** 05/09/16 **Pharmacy Dispensings:** 0 TAB in 421 days

clonazepam 1 MG Tab UD

Take one tablet by mouth twice daily ***crush/empty*** *Consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

Rx#: 428837-ALX **Doctor:** Buschman, Brian MD**Start:** 05/09/16 **Exp:** 06/08/16 **D/C:** 05/18/16 **Pharmacy Dispensings:** 0 TAB in 402 days

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***pill line***

Rx#: 429997-ALX **Doctor:** Sharretts, Ray DO**Start:** 05/18/16 **Exp:** 06/17/16 **D/C:** 06/08/16 **Pharmacy Dispensings:** 0 TAB in 393 days

clonazepam 0.5 MG Tab UD

Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/25/16 ***crush/empty*** ***pill line***

Rx#: 429998-ALX **Doctor:** Sharretts, Ray DO**Start:** 05/18/16 **Exp:** 06/17/16 **D/C:** 06/08/16 **Pharmacy Dispensings:** 0 TAB in 393 days

clonazepam 0.5 MG Tab UD

Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***crush/empty*** ***pill line***

Rx#: 432503-ALX **Doctor:** Buschman, Brian MD**Start:** 06/08/16 **Exp:** 07/08/16 **D/C:** 06/30/16 **Pharmacy Dispensings:** 0 TAB in 372 days

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***pill line***

Rx#: 432504-ALX **Doctor:** Buschman, Brian MD**Start:** 06/08/16 **Exp:** 07/08/16 **D/C:** 06/30/16 **Pharmacy Dispensings:** 0 TAB in 372 days

clonazepam 0.5 MG Tab UD

Take one tablet (0.5 MG) by mouth at noon with 1mg = 1.5mg *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line***

Rx#: 435169-ALX **Doctor:** Sharretts, Ray DO**Start:** 06/30/16 **Exp:** 07/30/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 0 TAB in 350 days**Ex. 3, Attach. A, p. 330**

Complex: RCH--ROCHESTER FMC
Inmate: PINSON, JEREMY VAUGHN

Begin Date: 03/01/2016
Reg #: 16267-064

End Date: 08/01/2016
Quarter: A07-236LAD

Active Prescriptions

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth at noon with 0.5mg - 1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***pill line***

Rx#: 435170-ALX **Doctor:** Sharretts, Ray DO

Start: 06/30/16 **Exp:** 07/30/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 0 TAB in 350 days

clonazepam 2 MG Tab UD

Take one tablet (2 MG) by mouth at bedtime *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line***

Rx#: 435171-ALX **Doctor:** Sharretts, Ray DO

Start: 06/30/16 **Exp:** 07/30/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 0 TAB in 350 days

clonazepam 0.5 MG Tab UD

Take one tablet (0.5 MG) by mouth at noon with 1mg = 1.5mg *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17

Rx#: 436945-ALX **Doctor:** Sharretts, Ray DO

Initial - R & D

Start: 07/15/16 **Exp:** 08/14/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 7 TAB in 335 days

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth at noon with 0.5mg - 1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17

Rx#: 436946-ALX **Doctor:** Sharretts, Ray DO

Initial - R & D

Start: 07/15/16 **Exp:** 08/14/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 7 TAB in 335 days

clonazepam 2 MG Tab UD

Take one tablet (2 MG) by mouth at bedtime *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17

Rx#: 436947-ALX **Doctor:** Sharretts, Ray DO

Initial - R & D

Start: 07/15/16 **Exp:** 08/14/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 7 TAB in 335 days

clonazepam 0.5 MG Tab UD

crush/empty Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg) ***pill line***

Rx#: 554568-OKL **Doctor:** Petry, G. MD/CD

Start: 07/19/16 **Exp:** 08/18/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 0 TAB in 331 days

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty*** ***pill line***

Rx#: 554571-OKL **Doctor:** Petry, G. MD/CD

Start: 07/19/16 **Exp:** 08/18/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 0 TAB in 331 days

clonazepam 1 MG Tab UD

crush/empty Take two tablets (2 MG) by mouth at bedtime ***pill line***

Rx#: 554572-OKL **Doctor:** Petry, G. MD/CD

Start: 07/19/16 **Exp:** 08/18/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 0 TAB in 331 days

Ex. 3, Attach. A, p. 331

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

clonazepam 0.5 MG Tab UD

crush/empty Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg)

Rx#: 555793-OKL **Doctor:** Petry, G. MD/CD*Initial - R & D***Start:** 07/22/16**Exp:** 07/25/16**Pharmacy Dispensings:** 3 TAB in 328 days

clonazepam 1 MG Tab UD

crush/empty Take two tablets (2 MG) by mouth at bedtime

Rx#: 555794-OKL **Doctor:** Petry, G. MD/CD*Initial - R & D***Start:** 07/22/16**Exp:** 07/25/16**Pharmacy Dispensings:** 6 TAB in 328 days

clonazepam 1 MG Tab UD

Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty***

Rx#: 555795-OKL **Doctor:** Petry, G. MD/CD*Initial - R & D***Start:** 07/22/16**Exp:** 07/25/16**Pharmacy Dispensings:** 3 TAB in 328 days

Cephalexin 500 MG Cap

Take two capsules (1000 MG) by mouth twice daily for 7 days (USP)

Rx#: 185959-FLX **Doctor:** Rattan, S. MLP**Start:** 02/26/16**Exp:** 03/04/16**Pharmacy Dispensings:** 28 CAP in 475 days

Cephalexin 500 MG Cap

Take one capsule (500 MG) by mouth three times a day for 7 days ***pill line*** ***pill line***

Rx#: 431108-ALX **Doctor:** Buschman, Brian MD**Start:** 05/26/16**Exp:** 06/02/16**Pharmacy Dispensings:** 0 CAP in 385 days

Dicyclomine HCL 20 MG Tab

Take one tablet by mouth two times a day ***pill line*** ***pill line***

Rx#: 422170-ALX **Doctor:** Buschman, Brian MD**Start:** 03/23/16**Exp:** 09/19/16**D/C:** 03/25/16**Pharmacy Dispensings:** 0 TAB in 449 days

Dicyclomine HCL 20 MG Tab

Take one tablet by mouth two times a day ***self carry***

Rx#: 422608-ALX **Doctor:** Buschman, Brian MD**Start:** 03/25/16**Exp:** 09/21/16**D/C:** 04/04/16**Pharmacy Dispensings:** 28 TAB in 447 days

Docusate Sodium 100 MG Cap

Take one capsule (100 MG) by mouth two times a day ***pill line*** ***pill line***

Rx#: 436583-ALX **Doctor:** Buschman, Brian MD**Start:** 07/12/16**Exp:** 07/19/16**D/C:** 07/13/16**Pharmacy Dispensings:** 0 CAP in 338 days**Ex. 3, Attach. A, p. 332**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

DULoxetine HCl Delayed Rel 60 MG Cap

Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry***

Rx#: 377809-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 07/28/16 **Pharmacy Dispensings:** 30 CAP in 324 days

DULoxetine HCl Delayed Rel 60 MG Cap

Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***pill line*** ***pill line***

Rx#: 422171-ALX **Doctor:** Buschman, Brian MD**Start:** 04/06/16 **Exp:** 09/19/16 **D/C:** 04/08/16 **Pharmacy Dispensings:** 0 CAP in 435 days

DULoxetine HCl Delayed Rel 30 MG Cap

Take one capsule by mouth at noon for 14 days *Consent form on file * 3/23/16 ***pill line***

Rx#: 422172-ALX **Doctor:** Buschman, Brian MD**Start:** 03/24/16 **Exp:** 04/07/16 **Pharmacy Dispensings:** 0 Cap in 448 days

DULoxetine HCl Delayed Rel 60 MG Cap

Take one capsule by mouth at noon *Consent form on file * 3/23/16 ***Do Not Crush*** ***pill line*** ***pill line***

Rx#: 424723-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 04/08/16 **Exp:** 09/19/16 **D/C:** 04/26/16 **Pharmacy Dispensings:** 0 CAP in 433 days

DULoxetine HCl Delayed Rel 60 MG Cap

Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** ***pill line***

Rx#: 427157-ALX **Doctor:** Wood, B. PA-C**Start:** 04/26/16 **Exp:** 10/23/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 46 CAP in 415 days

DULoxetine HCl Delayed Rel 60 MG Cap

Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry*** ***pill line***

Rx#: 554573-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 15 CAP in 331 days

Estradiol 0.1 MG/24HR Patch (Once-weekly)

pill line Apply one patch transdermally once weekly on Wednesdays

- nonformulary expires 11/20/16 ***pill line***

Rx#: 185950-FLX **Doctor:** Oba, D. MD**Start:** 12/16/15 **Exp:** 06/13/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 14 Patch in 547 days

Estradiol 0.1 MG/24HR Patch (Once-weekly)

Apply one patch transdermally and change once weekly on Wednesdays

- nonformulary expires 11/20/16

Rx#: 420653-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 7 Patch in 461 days**Ex. 3, Attach. A, p. 333**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Estradiol 0.1 MG/24HR Patch (Once-weekly)

Apply one patch transdermally and change once weekly on Wednesdays

- nonformulary expires 11/20/16

Rx#: 422289-ALX **Doctor:** Craig, Charles PA-C**Start:** 03/23/16 **Exp:** 09/19/16 **D/C:** 04/13/16 **Pharmacy Dispensings:** 3 Patch in 449 days

Estradiol 2 MG Tab

Take one and one-half (1 and 1/2) tablets (3 MG) by mouth twice daily ***NOTE DOSE and STRENGTH***

Rx#: 377771-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/02/16 **Pharmacy Dispensings:** 90 TAB in 324 days

Estradiol 2 MG Tab

Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17 ***pill line***

Rx#: 425199-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 04/13/16 **Exp:** 10/10/16 **D/C:** 06/17/16 **Pharmacy Dispensings:** 180 TAB in 428 days

Estradiol 1 MG Tab

Take three tablets (3 MG) by mouth twice daily ***pill line*** ***non-formulary approved*** exp 4/8/17 ***pill line***

Rx#: 433654-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 06/17/16 **Exp:** 12/14/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 6 TAB in 363 days

Estradiol 1 MG Tab

Take three tablets (3 MG) by mouth twice daily ***non-formulary approved*** exp 4/8/17 ***pill line***

Rx#: 554574-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 90 TAB in 331 days

Finasteride 1 MG TAB

Take one tablet (1 MG) by mouth each morning

Rx#: 377810-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 30 TAB in 324 days

Finasteride 1 MG TAB

Take one tablet (1 MG) by mouth daily ***non-formulary approved*** exp 6/17/17 ***pill line***

Rx#: 433864-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 06/21/16 **Exp:** 12/18/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 30 TAB in 359 days

Finasteride 1 MG TAB

Take one tablet (1 MG) by mouth each morning ***non-formulary approved*** exp 6/17/17 ***pill line***

Rx#: 554576-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 15 TAB in 331 days**Ex. 3, Attach. A, p. 334**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Gabapentin 600 MG Tab

pill line Take three tablets (1800 MG) by mouth twice daily ***crush/empty*** ***pill line***

Rx#: 184568-FLX **Doctor:** Oba, D. MD**Start:** 11/13/15 **Exp:** 05/11/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 720 TAB in 580 days

Gabapentin 600 MG Tab UD

Take three tablets (1800 MG) by mouth twice daily (intake) ***crush/empty*** ***pill line*** ***pill line***

Rx#: 420654-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 3 tab in 461 days

Gabapentin 400 MG CAP UD

Take one capsule by mouth two times a day for 14 days ***pill line***

Rx#: 422173-ALX **Doctor:** Buschman, Brian MD**Start:** 04/06/16 **Exp:** 04/20/16 **Pharmacy Dispensings:** 0 CAP in 435 days

Gabapentin 300 MG CAP

Take three capsules (900 MG) by mouth twice daily for 14 days ***pill line***

Rx#: 422174-ALX **Doctor:** Buschman, Brian MD**Start:** 03/23/16 **Exp:** 04/06/16 **Pharmacy Dispensings:** 0 CAP in 449 days

Ibuprofen 600 MG Tab

Take one tablet (600 MG) by mouth three times daily with food AS NEEDED for 5 days ***pill line***

Rx#: 555169-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/20/16 **Exp:** 07/25/16 **Pharmacy Dispensings:** 15 TAB in 330 days

Lidocaine Viscous HCl 2%, 100 ML O/S

Drink 15ml by mouth three times daily AS NEEDED ***pill line*** ***pill line***

Rx#: 436972-ALX **Doctor:** Buschman, Brian MD**Start:** 07/14/16 **Exp:** 07/16/16 **Pharmacy Dispensings:** 100 ML in 336 days

metroNIDAZOLE 500 MG Tab

Take one tablet by mouth twice daily for 15 days ***pill line***

Rx#: 190465-FLX **Doctor:** Oba, D. MD**Start:** 03/02/16 **Exp:** 03/17/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 30 TAB in 470 days

metroNIDAZOLE 500 MG Tab

Take one tablet by mouth twice daily (continuation of prior Rx scheduled to end 3/17/16) ***pill line*** ***pill line***

Rx#: 420651-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 03/18/16 **Pharmacy Dispensings:** 1 TAB in 461 days**Ex. 3, Attach. A, p. 335**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Mometasone Furoate Inhal 220 MCG/Inh (60 doses)

Inhale 2 puffs by mouth twice daily - rinse mouth after use

Rx#: 184570-FLX **Doctor:** Oba, D. MD**Start:** 11/13/15 **Exp:** 05/11/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 3 ea in 580 days

Mometasone Furoate Inhal 220 MCG/Inh (60 doses)

Inhale 2 puffs by mouth twice daily - rinse mouth after use

Rx#: 377563-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 0 ea in 324 days

Mometasone Furoate Inhal 220 MCG/Inh (60 doses)

Inhale 2 puffs by mouth twice daily - rinse mouth after use

Rx#: 420655-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 1.03 ea in 461 days

Mometasone Furoate Inhal 220 MCG/Inh (60 doses)

Inhale 2 puffs by mouth twice daily - rinse mouth after use

Rx#: 422175-ALX **Doctor:** Buschman, Brian MD**Start:** 03/23/16 **Exp:** 03/22/17 **D/C:** 07/18/16 **Pharmacy Dispensings:** 3 ea in 449 days

Mometasone Furoate Inhal 220 MCG/Inh (60 doses)

Inhale 2 puffs by mouth twice daily - rinse mouth after use ***pill line***

Rx#: 554578-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 1 ea in 331 days

oxyCODONE/Acetaminophen 5/325 MG Tab UD

pill line Take two tablets by mouth twice daily for 3 days ***crush/empty***

- last dose 3/5/16 MORNING ***pill line***

Rx#: 190466-FLX **Doctor:** Oba, D. MD**Start:** 03/02/16 **Exp:** 03/05/16 **Pharmacy Dispensings:** 0 TAB in 470 days

OXcarbazepine 300 MG Tab

Take one tablet (300 MG) by mouth two times a day for seizures ***pill line*** ***pill line***

Rx#: 377772-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 60 TAB in 324 days

OXcarbazepine 300 MG Tab

Take one tablet (300 MG) by mouth two times a day for seizures ***pill line*** ***pill line***

Rx#: 428300-ALX **Doctor:** Wood, B. PA-C**Start:** 05/04/16 **Exp:** 10/31/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 4 TAB in 407 days**Ex. 3, Attach. A, p. 336**

Complex: RCH--ROCHESTER FMC
Inmate: PINSON, JEREMY VAUGHN

Begin Date: 03/01/2016
Reg #: 16267-064

End Date: 08/01/2016
Quarter: A07-236LAD

Active Prescriptions

OXcarbazepine 300 MG Tab

Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***

Rx#: 554581-OKL **Doctor:** Petry, G. MD/CD

Start: 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 30 TAB in 331 days

Perphenazine 8 MG Tab

pill line Take one tablet by mouth each evening *Consent form on file * ***pill line***

Rx#: 184571-FLX **Doctor:** Oba, D. MD

Start: 11/13/15 **Exp:** 05/11/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 120 TAB in 580 days

Perphenazine 8 MG Tab

Take one tablet (8 MG) by mouth each evening ***pill line*** ***crush/empty*** ***pill line***

Rx#: 377774-THX **Doctor:** Wilson, William E. MD/CD

Start: 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 30 TAB in 324 days

Perphenazine 8 MG Tab

Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Rx#: 420656-ALX **Doctor:** Buschman, Brian MD

Start: 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 1 TAB in 461 days

Perphenazine 8 MG Tab

Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Rx#: 422176-ALX **Doctor:** Buschman, Brian MD

Start: 03/23/16 **Exp:** 09/19/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 3 TAB in 449 days

Perphenazine 8 MG Tab

Take one tablet (8 MG) by mouth at bedtime *consent form on file * 10/16/14 ***pill line***

Rx#: 554582-OKL **Doctor:** Petry, G. MD/CD

Start: 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 15 TAB in 331 days

Pregabalin 75 MG Cap UD

pill line Take one capsule by mouth twice daily ***crush/empty***

- last dose 4/1/16 MORNING

- nonformulary expires 11/5/16 ***pill line***

Rx#: 190467-FLX **Doctor:** Oba, D. MD

Start: 03/02/16 **Exp:** 04/01/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 0 Cap in 470 days

Pregabalin 50 MG Cap UD

Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** ***pill line*** ***pill line***

Rx#: 377776-THX **Doctor:** Wilson, William E. MD/CD

Start: 07/26/16 **Exp:** 08/25/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 0 Cap in 324 days

Ex. 3, Attach. A, p. 337

Complex: RCH--ROCHESTER FMC
Inmate: PINSON, JEREMY VAUGHN

Begin Date: 03/01/2016
Reg #: 16267-064

End Date: 08/01/2016
Quarter: A07-236LAD

Active Prescriptions

Pregabalin 50 MG Cap UD

Take one capsule by mouth at noon ***crush/empty*** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 420877-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director

Start: 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 0 Cap in 461 days

Pregabalin 100 MG Cap UD

Take one capsule by mouth each evening ***crush/empty*** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 420878-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director

Start: 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 0 Cap in 461 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 422177-ALX **Doctor:** Buschman, Brian MD

Start: 03/23/16 **Exp:** 04/22/16 **D/C:** 04/11/16 **Pharmacy Dispensings:** 0 Cap in 449 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 424816-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director

Start: 04/11/16 **Exp:** 04/26/16 **D/C:** 04/20/16 **Pharmacy Dispensings:** 0 Cap in 430 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 426240-ALX **Doctor:** Buschman, Brian MD

Start: 04/20/16 **Exp:** 05/20/16 **D/C:** 05/09/16 **Pharmacy Dispensings:** 0 Cap in 421 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 428839-ALX **Doctor:** Buschman, Brian MD

Start: 05/09/16 **Exp:** 06/08/16 **D/C:** 06/06/16 **Pharmacy Dispensings:** 0 Cap in 402 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 432206-ALX **Doctor:** Buschman, Brian MD

Start: 06/06/16 **Exp:** 07/06/16 **D/C:** 07/01/16 **Pharmacy Dispensings:** 0 Cap in 374 days

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Rx#: 435357-ALX **Doctor:** Buschman, Brian MD

Start: 07/01/16 **Exp:** 07/31/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 0 Cap in 349 days

Ex. 3, Attach. A, p. 338

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Pregabalin 100 MG Cap UD

Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16

Rx#: 436948-ALX **Doctor:** Buschman, Brian MD*Initial - R & D***Start:** 07/15/16**Exp:** 08/14/16**D/C:** 07/18/16**Pharmacy Dispensings:** 28 Cap in 335 days

Pregabalin 50 MG Cap UD

Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** ***pill line***

Rx#: 554583-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16**Exp:** 08/18/16**D/C:** 07/25/16**Pharmacy Dispensings:** 0 Cap in 331 days

Pregabalin 50 MG Cap UD

Take four capsules (200 MG) by mouth twice daily ***Do Not Crush***

Rx#: 555796-OKL **Doctor:** Petry, G. MD/CD*Initial - R & D***Start:** 07/22/16**Exp:** 07/25/16**Pharmacy Dispensings:** 24 Cap in 328 days

Progesterone Micronized Cap 100 MG

pill line Take two capsules (200 MG) by mouth each morning ***pill line***

Rx#: 187972-FLX **Doctor:** Oba, D. MD**Start:** 01/14/16**Exp:** 07/12/16**D/C:** 03/09/16**Pharmacy Dispensings:** 120 CAP in 518 days

Progesterone Micronized Cap 100 MG

Take two capsules (200 MG) by mouth at noon ***non-formulary approved*** expires 12/24/16 ***pill line***

Rx#: 420753-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16**Exp:** 04/10/16**D/C:** 03/17/16**Pharmacy Dispensings:** 0 CAP in 461 days

Promethazine Suppository 25 MG

25 mg Rectally every 8 hours AS NEEDED "See Mar report for administration/documentation" ***pill line***

Rx#: 435476-ALX **Doctor:** Buschman, Brian MD**Start:** 07/03/16**Exp:** 07/03/16**Pharmacy Dispensings:** 0 SUPP in 347 days

QUetiapine 200 MG TAB

pill line Take two tablets (400 MG) by mouth each evening ***crush/empty*** *Consent form on file * ***pill line***

Rx#: 184852-FLX **Doctor:** Oba, D. MD**Start:** 11/19/15**Exp:** 05/17/16**D/C:** 03/09/16**Pharmacy Dispensings:** 180 TAB in 574 days

QUetiapine 100 MG Tab

pill line ***crush/empty*** Take one tablet by mouth each evening ***pill line***

Rx#: 187208-FLX **Doctor:** Oba, D. MD**Start:** 01/04/16**Exp:** 07/02/16**D/C:** 03/09/16**Pharmacy Dispensings:** 90 tab in 528 days**Ex. 3, Attach. A, p. 339**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Spironolactone 25 MG Tab

Take two tablets (50 MG) by mouth twice daily ***pill line*** ***pill line***

Rx#: 377565-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 120 TAB in 324 days

Spironolactone 25 MG Tab

Take one tablet by mouth twice daily ***pill line***

Rx#: 421527-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 03/17/16 **Exp:** 03/17/17 **D/C:** 04/08/16 **Pharmacy Dispensings:** 2 TAB in 455 days

Spironolactone 25 MG Tab

Take one tablet by mouth two times a day ***pill line*** ***Do Not Crush*** ***pill line*** ***pill line***

Rx#: 424724-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 04/08/16 **Exp:** 03/17/17 **D/C:** 06/20/16 **Pharmacy Dispensings:** 3 TAB in 433 days

Spironolactone 50 MG Tab

Take one tablet (50 MG) by mouth twice daily ***non-formulary approved*** exp 6/17/17 ***pill line***

Rx#: 433869-ALX **Doctor:** Stahl, Elizabete DO FACP, Clinical Director**Start:** 06/21/16 **Exp:** 12/18/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 60 TAB in 359 days

Spironolactone 25 MG Tab

Take two tablets (50 MG) by mouth twice daily ***pill line***

Rx#: 554584-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 60 TAB in 331 days

Sulfamethoxazole/Trimeth 800mg /160mg tab

Take one tablet by mouth two times a day for 14 days ***pill line*** ***pill line***

Rx#: 432339-ALX **Doctor:** Buschman, Brian MD**Start:** 06/07/16 **Exp:** 06/21/16 **Pharmacy Dispensings:** 0 TAB in 373 days

Trihexyphenidyl 2 MG Tab

pill line Take two tablets (4 MG) by mouth twice daily ***pill line***

Rx#: 188637-FLX **Doctor:** Oba, D. MD**Start:** 02/01/16 **Exp:** 07/30/16 **D/C:** 03/09/16 **Pharmacy Dispensings:** 240 TAB in 500 days

Trihexyphenidyl 2 MG Tab

Take two tablets (4 MG) by mouth twice daily ***pill line*** ***pill line***

Rx#: 377777-THX **Doctor:** Wilson, William E. MD/CD**Start:** 07/26/16 **Exp:** 09/24/16 **D/C:** 08/03/16 **Pharmacy Dispensings:** 120 TAB in 324 days**Ex. 3, Attach. A, p. 340**

Complex: RCH--ROCHESTER FMC**Begin Date:** 03/01/2016**End Date:** 08/01/2016**Inmate:** PINSON, JEREMY VAUGHN**Reg #:** 16267-064**Quarter:** A07-236LAD**Active Prescriptions**

Trihexyphenidyl 2 MG Tab

Take two tablets (4 MG) by mouth twice daily ***pill line***

Rx#: 420657-ALX **Doctor:** Buschman, Brian MD**Start:** 03/11/16 **Exp:** 04/10/16 **D/C:** 03/23/16 **Pharmacy Dispensings:** 2 TAB in 461 days

Trihexyphenidyl 2 MG Tab

Take two tablets (4 MG) by mouth twice daily ***pill line***

Rx#: 422178-ALX **Doctor:** Buschman, Brian MD**Start:** 03/23/16 **Exp:** 09/19/16 **D/C:** 07/18/16 **Pharmacy Dispensings:** 10 TAB in 449 days

Trihexyphenidyl 2 MG Tab

Take two tablets (4 MG) by mouth twice daily ***pill line***

Rx#: 554586-OKL **Doctor:** Petry, G. MD/CD**Start:** 07/19/16 **Exp:** 09/17/16 **D/C:** 07/25/16 **Pharmacy Dispensings:** 60 TAB in 331 days

Promethazine HCl Inj 25 MG/ML,1ML

25 mg Intramuscularly Deltoid, Left One Time Dose Given AS NEEDED "See Mar report for administration/documentation"

pill line

Rx#: 430997-ALX **Doctor:** Buschman, Brian MD**Start:** 05/25/16 **Exp:** 05/25/16 **Pharmacy Dispensings:** 0 ML in 386 days

Promethazine HCl Inj 25 MG/ML,1ML

inject 25mg Intra-Muscularly one time dose given "See Mar report for administration/documentation" ***pill line***

pill line

Rx#: 436973-ALX **Doctor:** Buschman, Brian MD**Start:** 07/15/16 **Exp:** 07/15/16 **Pharmacy Dispensings:** 0 ML in 335 days**Ex. 3, Attach. A, p. 341**

User: Michele Tramell Date: 8/1/2016 10:22:31 AM Union

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16267-064

Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

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Report Name: DISCHARGE SUMMARY
Work Type: DISCHARGE SUMMARY
Report Date/Time: 07/30/2016 08:27

PATIENT: PINSON, JEREMY
HOSPITAL: 34721357-I
MR #: 453259
ROOM#: 204106
DOB: 02/06/1986
AGE: 30Y
SEX: M
RACE:
ADM DATE: 07/28/2016
DIS DATE: 07/30/2016
HOSP SERV: MED
DICTATING DOCTOR: I. Koj, MD
ATN DR: KOJ IMAD GEORGE
ADM DR: KOJ IMAD GEORGE
REFERRING DOCTOR:
PCP:
DATE OF SERVICE:
CC: NAPHCARE

UH DISCHARGE SUMMARY

DISCHARGE DIAGNOSIS:

1. Foreign body ingestion.
2. Status post esophagogastroduodenoscopy and removal of a pencil from the stomach.
3. History of toothbrush swallowing which we could not find on the CAT scan or on the scope; probably he passed it already.
4. History of anxiety.
5. History of schizoaffective disorder.
6. Major depression.
7. Self-mutilation behavior.
8. Hormonal therapy for being transgender.
9. History of several scrotum surgeries to remove foreign body due to self-mutilation behavior and repeated insertion of foreign body into the scrotum.

For more details refer to the History and Physical.

HOSPITAL COURSE: This 30-year-old pleasant Caucasian male came to our facility due to the presence of foreign body on the x-ray. We admitted him. He was in slight discomfort. We gave him pain medication. We got a CAT scan immediately. We found a foreign body that was linear in the stomach. We called surgery. Dr.

Ex. 3, Attach. A, p. 342

Puccia took him to the gastrointestinal suite yesterday. He performed esophagogastroduodenoscopy and he removed the pencil. There was no toothbrush found, it looks like he has passed it; did not see it on the CAT scan. This patient is eating and drinking fine. He had a full meal yesterday and had a bowel movement this morning. He feels very comfortable and he is totally asymptomatic. He does not look psychotic right now and does not look suicidal. I spoke to Dr. Wilson this morning at length before I discharged. His temperature, his blood pressure 103/62. Although he was a little bit hypotensive yesterday from the anesthesia, however after a small bolus his blood pressure went up. He feels great. He is ambulating. He is not in distress. His white count is 5.0, hemoglobin 13.3, his sodium, potassium, blood urea nitrogen, creatinine, and liver enzymes were all within normal limits. Urinalysis unremarkable. CT scan reviewed.

DISCHARGE MEDICATION LIST: _____, Proscar, trihexyphenidyl, Klonopin, Estrace, Aldactone, Klonopin, Lyrica, Trileptal and Flovent HFA.

Again much improved at the time of discharge. This patient needs to follow up with Dr. Wilson's group next week. He needs to follow up with the psychiatric group for his depression. Very comfortable at the time of discharge.

DD: (07/30/2016 0827)

TRANSCRIBED BY: (eac) on 07/31/2016 1514

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User: Michele Tramell Date: 8/1/2016 10:19:49 AM Union
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Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

Laboratory Result
[View Graph](#)

Order Name: Urinalysis **Accession#:** 1607281491 **Date/Time:** 07/29/2016 08:45

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Test Name	Result	Indicator	Unit	Amended	Ref. Range	Note	Graph
Color	YELLOW				Yellow;Lig		⌋
Clarity	CLEAR				Clear		⌋
PH, Urine	5.0				5.0 - 7.0		⌋
Specific Gravity	1.013				1.001 - 1.		⌋
Protein, Urine Qualitative	Negative				Negative		⌋
Glucose, Urine Qualitative	Negative				Negative		⌋
Ketones	1+	A			Negative		⌋
Bilirubin	Negative				Negative		⌋
Blood, Urine Qualitative	Negative				Negative		⌋
Urobilinogen	Negative				Negative		⌋
Nitrites, Urine Qualitative	Negative				Negative		⌋
WBC Esterase	Negative				Negative		⌋
Bacteria	Few						⌋
Urine Mucus	Present	A			Negative		⌋

Order Name: Complete Metabolic Panel **Accession#:** 1607281483 **Date/Time:** 07/28/2016 15:57

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Test Name	Result	Indicator	Unit	Amended	Ref. Range	Note	Graph
Sodium	139		mmol/L		134-144		⌋
Potassium	4.76		mmol/L		3.50-5.20		⌋
Chloride	103		mmol/L		97-108		⌋
CO2CT	26.7		mmol/L		18.0-29.0		⌋
Anion Gap	9		meq/L		3-11		⌋
Glucose	88		mg/dl		65-99		⌋
BUN	14		mg/dL		6-20		⌋

Ex. 3, Attach. A, p. 344

Creatinine	0.94		mg/dL		0.76-1.27		┐
Calcium	9.2		mg/dL		8.7-10.2		┐
Albumin	4.2		g/dl		3.5-5.5		┐
Total Bilirubin	0.4		mg/dL		0.0-1.2		┐
Alkaline Phosphatase	44		IU/L		39-117		┐
Total Protein	6.6		g/dL		6.0-8.5		┐
ALT (SGPT)	10		IU/L		0-44		┐
AST (SGOT)	19		IU/L		0-40		┐
BUN/Creat Ratio	14.8				8.0-19.0		┐
A/G Ratio	1.7				1.1-2.5		┐
Globulin	2.5		g/dL		1.5-4.5		┐
GFR African American	121.00		mL/min/1.73		>59.00		┐
GFR Non-African	99.84		mL/min/1.73		>59.00		┐

Order Name: CBC no Diff **Accession#:** 1607281483 **Date/Time:** 07/28/2016 15:57

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Test Name	Result	Indicator	Unit	Amended	Ref. Range	Note	Graph
WBC	5.0		K/uL		4.5-10.8		┐
RBC	4.12		M/uL		4.00-6.60		┐
Hemoglobin	13.3	L	g/dl		14.0-18.0		┐
Hematocrit	39.2	L	%		42.0-54.0		┐
MCV	95.10		fL		80.00-100.		┐
MCH	32.3		pg		26.0-35.0		┐
MCHC	33.9		g/dL		31.0-36.5		┐
RDW-CV	12.2		%		11.0-16.0		┐
Platelet Count	168		K/uL		150-450		┐
MPV	10.8		fl		6.5-12.0		┐

Ex. 3, Attach. A, p. 345

User: Michele Tramell Date: 8/1/2016 10:20:37 AM Union

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Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

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Report Name: CT ABDOMEN WITHOUT CONTRAST
Date/Time: 07/29/2016 10:33

RIDC
PATIENT: PINSON, JEREMY
HOSPITAL: 34721357-I
MR #: 453259
ROOM#: 204106
DOB: 02/06/1986
AGE: 30Y
SEX: M
RACE: O
ADM DR: KOJ, I GEORGE
ADM DATE: Jul 28 2016 2:45PM
DIS DATE:
HOSP SERV: MED
DICTATING DOCTOR: NEHER, TIMOTHY
ORDERING DOCTOR: KOJ I GEORGE
REFERRING DOCTOR:
CC: KOJ, I GEORGE
CPT4 for Procedure: 74150 CT ABDOMEN WITHOUT C

REASON FOR EXAM: FB ABD

TIMOTHY NEHER - 07/29/2016 10:56AM

Comments: FB in abd

RMS#: 90002 ACCESSION #: 9240443 INV: 48196577

PROCEDURE: 3005 CT ABDOMEN WITHOUT CONTRAST 07/29/2016 10:33AM

INDICATIONS: \E\

Foreign body, swallowed tooth brush. History of bowel resection.

TECHNIQUE: CT of the abdomen was performed without intravenous contrast.

Automated mA/kV exposure control was utilized and patient examination was performed in strict accordance with principles of ALARA.

RADIATION AMOUNT: 849 mGy-cm.

Ex. 3, Attach. A, p. 346

COMPARISON: None available.

FINDINGS:

The lung bases are clear. The liver, spleen, pancreas, adrenal glands, and kidneys are suboptimally evaluated on these unenhanced images, but demonstrate no acute pathology. There is a linear foreign body in the stomach.

There is no free air or lymph node enlargement. Abdominal aorta is not aneurysmal.

There are no acute fractures. No suspicious bony lesions.

IMPRESSION:

Foreign body in the stomach consistent with the given history.

Signed by Timothy Neher, MD
** FINAL **

Read by: TIMOTHY NEHER Jul 29 2016 10:54A

Signed by: DR. TIMOTHY NEHER on: Jul 29 2016 10:56A
9240443

Note:

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User: Michele Tramell Date: 8/1/2016 10:21:05 AM Union

CONFIDENTIAL

Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

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Report Name: HISTORY & PHYSICAL
Work Type: HISTORY \T\ PHYSICAL
Report Date/Time: 07/29/2016 08:55

PATIENT: PINSON, JEREMY
HOSPITAL: 34721357-I
MR #: 453259
ROOM#: 204106
DOB: 02/06/1986
AGE: 30Y
SEX: M
RACE:
ADM DATE: 07/28/2016
DIS DATE:
HOSP SERV: MED
DICTATING DOCTOR: I. Koj, MD
ATN DR: KOJ IMAD GEORGE
ADM DR: KOJ IMAD GEORGE
REFERRING DOCTOR:
PCP:
DATE OF SERVICE:
CC:

UH HISTORY AND PHYSICAL REPORT

Temperature 97.8 upon arrival from the prison, blood pressure 114/78, pulse 68, respiratory rate of 16.

REASON FOR ADMISSION: Foreign body ingestion.

HISTORY OF PRESENT ILLNESS: This is a pleasant 30-year-old Caucasian Federal inmate with a history of self-mutilation behavior and foreign body ingestions in the past. He was referred to us from Dr. Wilson for caring for his 2 foreign objects he swallowed 10 days ago.

It looks like this patient did that about 10 days ago at the transfer center before he came to Terre Haute prison. He just came to Terre Haute prison on the 25th of July, and he told the medical staff the day before yesterday that he had swallowed 2 objects at the other place which would be 10 days ago, so they ran an x-ray and they found the pencil, and they found also an envelope clip and also they found a toothbrush on the x-ray. They referred him to the hospital for further workup and surgical consultation for removal.

He does have on and off abdominal discomfort. He denies any hematemesis, any

Ex. 3, Attach. A, p. 348

hematochezia or bright red blood per rectum.

He denies any vomiting. He denies any headache, any seizure, any fever at the moment. He is not sure when was his last bowel movement but he denies any blood. He has a known history of self-mutilation behavior, especially to his scrotum. He cut it several times, at least 6 times over the last few months done when he was in Pennsylvania and he received multiple surgeries on that to remove those foreign bodies. He had an esophagogastroduodenoscopy also on the past to remove those foreign bodies. The biggest one was an abdominal exploratory surgery to remove foreign body from his colon in Colorado back in February 2016.

REVIEW OF THE SYSTEM: As above.

ALLERGIES: He has no known drug allergies.

PRISON MEDICATIONS:

1. Albuterol sulfate.
2. Klonopin.
3. Estradiol.
4. Finasteride.
5. Mometasone.
6. Oxycarbamazepine.
7. Perphenazine.
8. Lyrica.
9. Aldactone.
10. Trihexyphenidyl.

FAMILY HISTORY: His mom was a diabetic. He does have also cancer in several members in the family.

PAST MEDICAL HISTORY:

1. Epilepsy.
2. Hormonal therapy for being transgender.
3. Left radial nerve pain from previous injury.
4. Anxiety.
5. Schizoaffective disorder.
6. Major depression.
7. Self-mutilation behavior.

PAST SURGICAL HISTORY:

1. Abdominal surgery done in February 2016 in Colorado to remove foreign body from his abdomen.
2. Several scrotum surgeries at least 6 of them in Pennsylvania to remove foreign body.
3. History of esophagogastroduodenoscopy to remove a spoon about a month ago.

SOCIAL HISTORY: He has been in Terre Haute, only for 3 days. Again as I said earlier, he has been a Federal inmate since 2006. He is a former smoker. He denies any alcohol or drug use. He has no children. He is transgender. He has a college education, in pre-law. His religion is Judaism.

PHYSICAL EXAMINATION: He is alert, oriented. Temperature 97.8 upon arrival from the prison, blood pressure 114/78, pulse 68, respiratory rate of 16.

HEAD AND NECK EXAMINATION: No thrush. No jaundice.

NECK: Supple.

LUNGS: Clear.

HEART: Regular.

ABDOMEN: Minimally tender to the left side. He does have a large scar tissue

Ex. 3, Attach. A, p. 349

on the right side of the abdomen from previous surgery.
EXTREMITIES: With no edema.

DATA EVALUATION: WBC 5.0, hemoglobin 13.3, platelet is 168, sodium is 139, potassium 4.76, BUN and creatinine of 14 and 0.9. His liver enzymes within normal limits. Albumin is 4.2.

X-ray, I do not have it, but again it shows 2 foreign bodies.

Cat scan is still pending.

ASSESSMENT:

1. Foreign body ingestion.
2. Self-mutilation behavior.
3. Seizure disorder.
4. Chronic abdominal pain.
5. Chronic left radial pain.
6. Hormonal therapy for transgender condition which includes estradiol, finasteride, and Aldactone.
7. Seizure disorder.
8. Asthma disorder.

PLAN: We are going to have a CAT scan immediately and we going to consult surgery. Dr. Puccia will be consulted. Will provide pain medication and we will resume his home medication. We will keep him on clear liquids until a decision made by surgery. No deep vein thrombosis prophylaxis right now due to the expected surgery.

DD: (07/29/2016 0855)

TRANSCRIBED BY: (rep) on 07/29/2016 1329

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User: Michele Tramell Date: 8/1/2016 10:21:36 AM Union

CONFIDENTIAL

Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

**SYSTEM COPY
NOT A LEGAL DOCUMENT
RE-DISCLOSURE PROHIBITED**

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Report Name: CONSULTATION REPORT
Work Type: CONSULTATION REPORT
Report Date/Time: 07/30/2016 21:45

PATIENT: PINSON, JEREMY
HOSPITAL: 34721357-I
MR #: 453259
ROOM#: 204106
DOB: 02/06/1986
AGE: 30Y
SEX: M
RACE:
ADM DATE: 07/28/2016
DIS DATE: 07/30/2016
HOSP SERV: MED
DICTATING DOCTOR: Vincent Puccia, MD
ATN DR: KOJ IMAD GEORGE
ADM DR: KOJ IMAD GEORGE
REFERRING DOCTOR:
PCP:
DATE OF SERVICE:
CC: PUCCIA VINCENT
CC: KOJ IMAD GEORGE

UH CONSULTATION REPORT

VITAL SIGNS:

DATE OF ADMISSION: July 28, 2016.

TYPE OF CONSULTATION: General surgery.

DATE OF CONSULTATION: July 29, 2016.

REASON FOR CONSULTATION: Foreign body in the stomach.

HISTORY OF PRESENT ILLNESS: The patient is a 30-year-old inmate from the Federal penitentiary who was admitted because of a foreign body ingestion. The patient states that he swallowed pencil and a toothbrush approximately 10 days ago. He does have a history of self-mutilation behavior and foreign body ingestion in the past.

PAST MEDICAL HISTORY: His past medical history is overall unremarkable. The past medical history is also positive for epilepsy. The patient is also actively taking hormonal therapy for being transgender. He also has

Ex. 3, Attach. A, p. 351

schizoaffective disorder and major depression and self-mutilating behavior.

DRUG ALLERGIES: The patient denies any drug allergies.

PAST SURGICAL HISTORY: He has had some abdominal surgeries in the past in Colorado to remove some foreign bodies from his abdomen. He has had several scrotal surgeries to remove foreign bodies. He has a history of esophagogastroduodenoscopies to remove a spoon approximately a month ago.

PHYSICAL EXAMINATION:

GENERAL: He is alert, oriented.

HEENT: Pupils are equal and normal reactive.

NECK: Supple.

COR: Regular rhythm.

ABDOMEN: Soft, and nontender.

EXTREMITIES: Within normal limits. No pedal edema.

IMAGING: He had a CT scan of the abdomen and pelvis which showed a linear foreign body in the stomach. No other pathology was identified.

IMPRESSION: Foreign body in the stomach consistent with the given history of foreign body ingestion.

PLAN: The plan is to proceed with an esophagogastroduodenoscopy and removal of the foreign body.

DD: (07/30/2016 2145)

TRANSCRIBED BY: (dls) on 07/30/2016 2240

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User: Michele Tramell Date: 8/1/2016 10:22:04 AM Union

CONFIDENTIAL

Location	Patient Name	Admit Date	Acct#	MRN	Sex	DOB	Height	Weight
2WD 2041-06	PINSON, JEREMY	07/28/2016	34721357	453259	M	02/06/1986		

**SYSTEM COPY
NOT A LEGAL DOCUMENT
RE-DISCLOSURE PROHIBITED**

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Report Name: OPERATIVE REPORT
Work Type: OPERATIVE REPORT
Report Date/Time: 07/30/2016 13:05

PATIENT: PINSON, JEREMY
HOSPITAL: 34721357-I
MR #: 453259
ROOM#: 204106
DOB: 02/06/1986
AGE: 30Y
SEX: M
RACE:
ADM DATE: 07/28/2016
DIS DATE: 07/30/2016
HOSP SERV: MED
DICTATING DOCTOR: Vincent Puccia, MD
ATN DR: KOJ IMAD GEORGE
ADM DR: KOJ IMAD GEORGE
REFERRING DOCTOR:
PCP:
DATE OF SERVICE: 07/29/2016
CC: PUCCIA VINCENT

UH OPERATIVE REPORT

Surgeon: Vincent Puccia, MD Assistant:
Anesthesiologist: Anesthetic:

DATE OF PROCEDURE: 07/29/2016

PRE-OPERATIVE DIAGNOSIS: Foreign body in the stomach consistent with a pencil by patient history.

POST-OPERATIVE DIAGNOSIS: Foreign body in the stomach, a pencil.

INDICATIONS: The patient is a 30-year-old, patient of Dr. Koj, inmate at the Federal penitentiary who swallowed a pencil and apparently also a tooth brush but on a CT scan was found to have one single linear foreign body in the stomach. The patient was taken to the endoscopy lab for removal of the foreign body which was done without complications.

DESCRIPTION OF THE PROCEDURE: The patient was taken to the endoscopy lab, was given MAC anesthesia. The scope was introduced and advanced without difficulty in the upper esophagus down to the esophagogastric junction into the stomach. At the level of the fundus of the stomach we identified a pencil. This was then

Ex. 3, Attach. A, p. 353

looped with the snare after multiple attempts. This was not easy but eventually we were able to get the pencil looped with the snare and then finally pulled it out without complications. The patient tolerated this procedure well.

DD: (07/30/2016 1305)

TRANSCRIBED BY: (dls) on 07/31/2016 1926

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Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	08/01/2016 15:19 EST	Race:	WHITE
		Facility:	THP

Reviewed by Wilson, William E. MD/CD on 08/17/2016 11:22.

Ex. 3, Attach. A, p. 355

THP/InmateToHealthSvcs - 5d4fc04e-af3c-4818-a625-b128c2521995

From: THP/InmateToHealthSvcs
To: ~^!PINSON, ~^!JEREMY VAUGHN
Date: 8/1/2016 9:57 AM
Subject: 5d4fc04e-af3c-4818-a625-b128c2521995

The consult was denied because it had already occurred. This was for your emergency visit on 7-13-16. It occurred at your previous institution and we had to clear it out of our scheduler. I do not see where you have any specialist appointments pending at this time. However, you are scheduled to be seen by the Physician for your 14 day evaluation. Please watch the callout for this appointment.

B. Myers
Health Information Tech
8-1-16

>>> ~^!"PINSON, ~^!JEREMY VAUGHN" <16267064@inmatemessage.com> 8/1/2016 8:37 AM >>>
To: HSA
Inmate Work Assignment: n/a

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

5d4fc04e-af3c-4818-a625-b128c2521995

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

Why was my gastro referral by Dr. Buschmann denied?

8-1-16
USP TERRE HAUTE
B. Myers
B. MYERS. HIT
FCC TERRE HAUTE

Ex. 3, Attach. A, p. 356



USP Terre-Haute THP

Patient: PINSON, JEREMY V. (Male) DOB: 02/06/86
Register#: 16267-064 Age: 30
Date: 07/28/16 10:12 Status: OP
Slicecount: 4
History: HX OF SWALLOWING FOREIGN BODIES.
Priors:
Exams: FILM ACUTE ABDOMEN SERIES W/ CXR
Referring Phy:
Ordering Phy:
Ordering Phy #:
Accession Numbers: 202#BOP146058479

Final Report

Exam: FILM ACUTE ABDOMEN SERIES W/ CXR

HISTORY: Foreign body ingestion

TECHNIQUE: 8 views obtained

COMPARISON: No prior imaging available

FINDINGS: Upright frontal view of the chest and upright and supine frontal views of the abdomen are reviewed. The lungs are clear. The cardiac and mediastinal contours are normal. No evidence of extraluminal air under the diaphragms. There is no retained radiodense foreign body in the thorax.

The abdominal films demonstrate a normal bowel gas pattern. No bowel distention or air-fluid levels. There is no evidence of organomegaly, abnormal calcifications or obvious soft tissue masses. The osseous structures are intact.

There is a 3.3 cm radiodense foreign body in the left iliac fossa possibly representing a razor blade. A similar appearing radial head body is also noted in the stomach oriented on end. 1 cm round radiodense foreign body with central hyperdensity also projecting in the stomach.

IMPRESSION:

No retained radiodense foreign body in the thorax.

Retained radiodense razor blades in the stomach and left iliac fossa.

1 cm round, radiodense foreign body with central hyperdensity also noted in the stomach.

Follow-up imaging is recommended.

Radiologist: Maurice Yu, MD

Study ready at 10:12 and initial results transmitted at 14:06

07 29 16
A. FREEMAN, RT
F C C TERRE HAUTE

FCC TERRE HAUTE HEALTH SERVICES	
UNIT	
William Eric Wilson M.D.	07 29 16
Clinical Director (FCC/USP):	
David Lukens M.D.	08 01 16
Staff Physician (USP):	
Heather Mata PA (FCC):	
Ex. 3, Attach. A, p. 357	

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

*for
see list
pill line All*

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: THP

Transfer Date: 07/18/2016

Health ProblemsHealth ProblemStatus

Transgender, validated male to female

Current

Hx: Started Estradiol in December 2015

Started on Progesterone in January 2016, switched to Spironolactone in March 2016

Other specified idiopathic peripheral neuropathy

Current

S/P LEFT WRIST LACERATION 2006 WITH RADIAL NERVE DAMAGE.

Ocular hypertension

Current

OU, Elevated IOP OD>OS with small C/D ratios and unremarkable visual field results OU.

Regular astigmatism

Current

OD=OS.

Asthma, unspecified

Current

This dx is highly suspect; I find no supporting documentation.

Seizure disorder, other convulsions

Current

I found one emergent evaluation that might have been a post-ictal state. I find nothing to support inmate's claim of seizure activity every 10 days.

Abdominal pain

Current

Unspecified Anxiety Disorder

Current

Antisocial Personality Disorder

Current

Gender Dysphoria In Adolescents And Adults

Current

Irritable bowel syndrome

Current

Other fatigue

Current

Foreign body in genitourinary tract

Current

S/P surgical excision 5/25/16

History of other injury

Current

repeated self harm in past

**CLEARED PHARMACY
"OK" FOR TRANSFER**

JUL 22 2016

**FEDERAL TRANSFER CENTER
Oklahoma City, OK**

For most recent medications see
computerized prescription labels
on the following sheets.

**Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.**

Acetaminophen 325 MG Tab Exp: 07/16/2016 SIG: Take two tablets (650 MG) by mouth twice daily AS
NEEDED *pill line*** ***pill line*****

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four
times daily as needed ***pill line***

clonazepam 0.5 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (0.5 MG) by mouth at noon with 1mg =

1.5mg *consent form on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line***

clonazepam 1 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (1 MG) by mouth at noon with 0.5mg -

1.5mg ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***pill line***

clonazepam 2 MG Tab UD Exp: 07/30/2016 SIG: Take one tablet (2 MG) by mouth at bedtime *consent form

on file * 3/24/16 ***crush/empty*** ***non-formulary approved*** exp 6/6/17 ***pill line***

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every

day *consent form on file * 3/23/16 ***self carry*** ***pill line***

Estradiol 1 MG Tab Exp: 12/14/2016 SIG: Take three tablets (3 MG) by mouth twice daily ***pill line*** ***non-

formulary approved*** exp 4/8/17 ***pill line***

Finasteride 1 MG TAB Exp: 12/18/2016 SIG: Take one tablet (1 MG) by mouth daily ***non-formulary

approved*** exp 6/17/17 ***pill line***

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice
daily - rinse mouth after use

OXcarbazepine 300 MG Tab Exp: 10/31/2016 SIG: Take one tablet (300 MG) by mouth two times a day for
seizures ***pill line*** ***pill line***

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file
* 10/16/14 ***pill line*** ***pill line***

Pregabalin 100 MG Cap UD Exp: 07/31/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***Do

Not Crush*** *Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Spironolactone 50 MG Tab Exp: 12/18/2016 SIG: Take one tablet (50 MG) by mouth twice daily ***non-

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/22/16 16267-064 RLH Z02 (0) Refills
Exp. Date ***crush/empty*** Take one tablet (0.5
07/25/16 MG) by mouth at noon with one 1mg
#3 TAB
555793-OKL clonazepam 0.5 MG Tab UD

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/22/16 16267-064 RLH Z02 (0) Refills
Exp. Date ***crush/empty*** Take two tablets (2
07/25/16 MG) by mouth at bedtime
#6 TAB
555794-OKL clonazepam 1 MG Tab UD

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/22/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one tablet (1 MG) by mouth at
07/25/16 noon with one 0.5mg tablet (total dose)
#3 TAB
555795-OKL clonazepam 1 MG Tab UD

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/22/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take four capsules (200 MG) by mouth
07/25/16 twice daily ***Do Not Crush***
#24 Cap
555796-OKL Pregabalin 50 MG Cap UD

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one capsule (60 MG) by mouth each morning
09/17/16 *consent form on file * 3/23/16 ***self carry*** **pill
line*** **air charter**
#7 CAP
554573-OKL DULoxetine HCl Delayed Rel 60 MG Cap

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one tablet (300 MG) by mouth two
09/17/16 times a day for seizures ***pill line***
#14 TAB
554581-OKL Oxcarbazepine 300 MG Tab

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take two tablets (50 MG) by mouth
09/17/16 twice daily ***pill line*** **air charter**
#28 TAB
554584-OKL Spironolactone 25 MG Tab

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date shake well and Inhale 2 puffs by mouth
09/17/16 four times daily as needed ***pill line***
#42 TAB
554574-OKL Estradiol 1 MG Tab

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one tablet (1 MG) by mouth each morning
09/17/16 ***non-formulary approved*** exp 6/17/17 ***pill
line*** **air charter**
#7 TAB
554576-OKL Finasteride 1 MG TAB

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/20/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one tablet (600 MG) by mouth three times daily
07/25/16 with food AS NEEDED for 5 days ***pill line*** **air
charter**
#2 TAB
555169-OKL Ibuprofen 600 MG Tab

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Inhale 2 puffs by mouth twice daily -
09/17/16 rinse mouth after use ***pill line*** **air
#1 ea
554578-OKL Mometasone Furoate Inhal 220 MCG/Inh (60

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take one tablet (8 MG) by mouth at bedtime *consent
09/17/16 form on file * 10/16/14 ***pill line*** **air charter**
#7 TAB
554582-OKL Perphenazine 8 MG Tab

Ord. Date PINSON, JEREMY Petry, G. MD/CD
07/19/16 16267-064 RLH Z02 (0) Refills
Exp. Date Take two tablets (4 MG) by mouth twice
09/17/16 daily ***pill line*** **air charter**
#28 TAB
554586-OKL Trihexyphenidyl 2 MG Tab

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

formulary approved*** exp 6/17/17 ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

OTCs: Listing of all known OTCs this Inmate is currently taking.

None

Pending Appointments

Date	Time	Activity	Provider
07/27/2016	00:00	Chart_Review	Physician 01
08/18/2016	08:30	Consultation	Physician 02
09/22/2016	00:00	Follow-up	MLP 01
10/24/2016	00:00	Hepatitis A Series Immunization	EMT/P 01
10/24/2016	00:00	Hepatitis B Series Immunization	EMT/P 01
03/22/2017	00:00	Chronic Care Visit	Physician 01
04/27/2017	00:00	Optometry Exam	Optometrist 01
06/09/2017	00:00	PPD Administration	Nurse
03/22/2019	00:00	Preventive Health Visit	Nurse 14
11/14/2019	00:00	Pneumovax 23 Immunization	IDC
11/14/2024	00:00	Tdap	IDC
06/24/2016	09:19	Consultation	Handel, Alysia Psy.D.

TB Clearance: Yes

Last PPD Date: 06/09/2016

Last Chest X-Ray Date:

TB Treatment:

TB Follow-up Recommended: No

Induration: 0mm

Results:

Sx free for 30 days: Yes

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cleared for Food Service: Yes

MDS Comments: 11/18/15 - Full Liquids for 2 days (till 11/20/15)

Comments:

Allergies

Potassium Chloride

Fish-derived Products

Peanut-containing Drug Products

Shellfish-derived Products

Bentyl

Devices / Equipment

Eye Glasses

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: ALLENWOOD USP

Phone Number: 5705470963

Address 1: RT 15,2 MILES N OF

Address 2: ALLENWOOD

City/State/Zip: ALLENWOOD, Pennsylvania

Ex. 3, Attach. A, p. 360

Reg #: 16267-064

Inmate Name: PINSON, JEREMY VAUGHN

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

17810

Name/Title of Person Completing Form: Bennett-Meehan, Jody PA-C

Date: 07/14/2016

Inmate Name: PINSON, JEREMY VAUGHN

Reg #: 16267-064

DOB: 02/06/1986

Sex: M

Ex. 3, Attach. A, p. 362

HEALTHCARE PROVIDER: Please complete the following:

BP-S 360.060 HEALTH INTAKE ASSESSMENT/HISTORY

Inmate Name PINSON, JEREMY V 16267064	Register No.	Institution Federal Transfer Center Oklahoma City, OK
---	--------------	---

A. INMATE NEEDS FOLLOW-UP FOR THE FOLLOWING: (Provider will review inmate responses and comment where necessary)

ISSUE OR CONDITION	Yes	No	COMMENTS (Indicate if urgent and treatment is necessary)
Infectious disease:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Have you been to Liberia, Sierra Leone, Mali or Guinea in the last 21 days?
Draining skin lesions:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Have you been in contact with anyone who traveled from these countries in the last 21 days and who is sick?
Signs of lice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. In the last 21 days have you been in close contact with anyone who was diagnosed with Ebola?
Signs of scabies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TO ANY OF THE ABOVE 3 QUESTIONS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Skin condition: include trauma, bruises, jaundice, recent tattoos, needle marks, or other indications of drug use			**If yes to any question then go to "STEP 2" of the algorithm**
Drug/alcohol withdrawal			denies at this time
Mental Health Issues			
Pain Management			
Physical disabilities/deformities			
Cardiovascular disease			
Diabetes			
Asthma			
Cancer			
Dental problems			
OB/GYN			
Other:			

B. OTHER COMMENTS OR PHYSICAL FINDINGS: (Record vital signs if indicated)

Meds	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Medication Allergies: NKDA <u>see list</u> Current Medical Status: <u>No</u> complaints/Complains of: TB Symptoms: <u>NONE</u> , Cough, Hemoptysis, Night Sweats, Wt. Loss <input checked="" type="checkbox"/> Cleared for GENERAL POPULATION *Cadre inmates will be assessed for restrictions during BEMR intake
Hot Meds	<input checked="" type="checkbox"/>	
Meds Issued	<input checked="" type="checkbox"/>	
Dose Given	<input checked="" type="checkbox"/>	

- C. MEDICATION AND OTHER ORDERS WRITTEN IN BEMR
- D. MEDICATION CONSENT FORM IN BEMR
- E. INSTRUCTED INMATE HOW TO OBTAIN MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES

PROVIDER: sign next to your name		
Adams, H. RN	Coover, M. EMT-P	Ruiz, A. RN
Genzer, J. RN	Genzer, T. RN <i>[Signature]</i>	Blunk, T. RN
Mann, D. RN	McCowan, J. RN	Stenmark, T. RN
Rodden, R. RN	Briesch, J. RN	
Wagoner, D. RN	Rolls, C. RN	
Date: <u>7/13/16</u>	Time: <u>1744</u>	

This form may be replicated via WP

Ex. 3, Attach. A, p. 364
This form replaces BP-S360 dated May 2009

BP-A0360

JUN 10

U. S. DEPARTMENT OF JUSTICE

HEALTH INTAKE ASSESSMENT / HISTORY CDFRM
EVALUACIÓN DE LA SALUD DE ADMISIÓN / HISTORIA

PART 1

FEDERAL BUREAU OF PRISONS

Inmate Name: Preso Nombre: <u>Jeremy Rison</u>	Register Number: Número de registro: <u>16267-061</u>	Institution: Federal Transfer Center, OKC, OK
---	--	---

INMATE: PLEASE COMPLETE ITEMS 1-14 / PRESO: por favor complete 1-14

1. MEDICATIONS: Please list all current medications, doses, and date/time last taken:
MEDICAMENTOS: Por favor escriba todos los medicamentos, dosis y fecha / Hora de su última dosis:

Allot

2. ALLERGIES: Please check any allergies you have had.
ALERGIAS: Por favor marque cualquier alergia que haya tenido

<input type="checkbox"/> Medications / Medicamentos:	<input type="checkbox"/> Other / Otro:
<input type="checkbox"/> Foods / Alimentos:	

3. MEDICAL ILLNESSES: Please check any conditions you currently have or have had in the past.
ENFERMEDADES MÉDICAS: Por favor, indique cualquier condición que usted tiene actualmente o ha tenido en el pasado.

<input type="checkbox"/> Heart attack / disease ataque al corazón / enfermedad	<input type="checkbox"/> Blood Clot coágulo de sangre	<input type="checkbox"/> Angina angina de pecho	<input type="checkbox"/> Diabetes Diabetes	<input type="checkbox"/> Sickle Cell disease enfermedad de células falciformes
<input type="checkbox"/> Lung disease enfermedad pulmonar	<input checked="" type="checkbox"/> Asthma Asma	<input type="checkbox"/> Stroke Ataque Cerebral	<input type="checkbox"/> High Blood Pressure la presión arterial alta	<input checked="" type="checkbox"/> Seizures / Epilepsy Convulsiones / Epilepsia o
<input type="checkbox"/> Cancer Type: _____ Cáncer tipo: _____	When: _____ ¿Cuándo: _____	Other: _____ Otro: _____		

4. INFECTIOUS DISEASE: Please check any conditions you currently have or have had in the past.
ENFERMEDADES INFECCIOSAS: Por favor, indique cualquier condición que usted tiene actualmente o ha tenido en el pasado.

<input type="checkbox"/> Positive TB skin test TB positiva prueba cutánea	<input type="checkbox"/> Tuberculosis Tuberculosis	<input type="checkbox"/> Cough up blood Tos con sangre	<input type="checkbox"/> Persistent Cough - how long _____? Tos persistente - ¿cuánto tiempo _____?	<input type="checkbox"/> Night sweats sudores nocturnos
<input type="checkbox"/> Chickenpox or shingles varicela o herpes zóster	<input type="checkbox"/> Gonorrhea Gonorrea	<input type="checkbox"/> Chlamydia Chlamydia	<input type="checkbox"/> Do you currently have a rash, open sore or wound? Where: _____ ¿Actualmente tiene un sarpullido, una llaga abierta o herida? Donde: _____	
<input type="checkbox"/> HIV (how long) _____ el VIH (por cuánto tiempo) _____	<input type="checkbox"/> Hepatitis (Type): _____ Hepatitis (Tipo): _____	<input type="checkbox"/> Herpes Herpes	<input type="checkbox"/> Blood Transfusion - When: _____ Why: _____ transfusión de sangre - ¿Cuándo: _____ ¿Por qué _____	
<input type="checkbox"/> Recent travel outside US: When: _____ Where: _____ Nuevas fuera de EE.UU. Cuando: _____ Donde: _____			<input type="checkbox"/> Syphilis - Treated? When: _____ Where: _____ Sífilis - Recibió Tratamiento? Cuando: _____ Donde: _____	
Are you at risk for HIV and/or Hepatitis due to sharing needles, high-risk sex or tattooing? (If you do not know, please discuss any concerns with a health care provider and request testing if appropriate) ¿Está en riesgo de contraer el VIH y / o hepatitis por compartir agujas, relación sexual de alto riesgo o tatuajes? (Si no lo sabe, por favor consultar todas sus dudas con el médico y las pruebas solicítas si procede) <input type="checkbox"/> Yes / Si <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Don't Know / No se				

5. NERVOUS CONDITIONS: Please check any conditions you currently have or have had in the past.
CONDICIONES NERVIOSO: Por favor, indique cualquier condición que usted tiene actualmente o ha tenido en el pasado.

Have you ever had a mental illness? ¿Alguna vez ha tenido una enfermedad mental?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sí	<input type="checkbox"/> Specify: Especifique:
<input type="checkbox"/> Suicidal thoughts / pensamientos suicidas When / ¿Cuándo: <u>Week Ago</u>	<input type="checkbox"/> Head injury / lesión en la cabeza When / ¿Cuándo: _____ How / ¿Cómo?: _____		<input type="checkbox"/> Loss of Consciousness / Pérdida de la conciencia When / ¿Cuándo: <u>Week Ago</u> How / ¿Cómo?: <u>Fall</u>	
<input checked="" type="checkbox"/> Suicide Attempt When / ¿Cuándo: <u>Week Ago</u>				

6. PAIN ASSESSMENT / DOLOR DE EVALUACIÓN:
Do you currently suffer from any painful conditions? / ¿Actualmente sufre de alguna condición dolorosa? ☐ No / No ☒ Yes / Si - Location / ubicación: _____

7. DENTAL / DENTAL: Do you currently have any of the following / ¿Tiene actualmente alguna de las siguientes:

<input type="checkbox"/> Pain in teeth or mouth Dolor o en los dientes o la boca	<input type="checkbox"/> Swelling in mouth, jaws or neck hinchazón en la boca, la mandíbula o el cuello	<input type="checkbox"/> Dental emergency which you feel must be addressed immediately emergencia dental que usted siente debe ser atendido de inmediato
---	--	---

8. DRUGS AND ALCOHOL: Are you now using, or have you in the past used any of the following:

DROGAS Y ALCOHOL: ¿Está usted ahora está usando o ha usado en el pasado alguno de los siguientes:

SUBSTANCE / SUSTANCIA	HOW USED (Needle, Smoked, Snorted, Pills) CÓMO USAR (aguja, fumar, aspirar, píldoras)	DATE OF LAST USE FECHA DEL ÚLTIMO EMPLEO
<input type="checkbox"/> Tranquilizers (Valium, Xanax, etc.) / tranquilizantes (Valium, Xanax, etc.)		
<input type="checkbox"/> Opiates (Heroin, Methadone, Oxycontin, Vicodin, Other) Los opiáceos (heroína, metadona, Oxycontin, Vicodin, otros)		
<input type="checkbox"/> Barbituates (phenobarbital, Seconal, Other) Barbitúricos (fenobarbital, Seconal, Otros)		
<input type="checkbox"/> LSD / Hallucinogens / PCP - LSD / Alucinógenos / PCP		
<input type="checkbox"/> Marijuana / marihuana		
<input type="checkbox"/> Other / Otro		

Alcohol History: Please complete the following: / Historia Alcohol: Por favor complete la siguiente:

Type used: (beer, wine, vodka, etc.) Ha utilizado: (cerveza, vino, vodka, etc.)	How Often: (daily, weekly) ¿Con qué frecuencia: (diario, semanal)	Usual Amount Cantidad Habitual	Date of last drink Fecha de la última copa
Have you ever had, or are you now having, any withdrawal symptoms when you have stopped drugs or alcohol? ¿Ha tenido usted, o usted está teniendo ahora, los síntomas de abstinencia cuando han dejado las drogas o el alcohol:			
<input checked="" type="radio"/> No / No <input type="radio"/> Yes / Si If yes, please describe / En caso afirmativo, por favor describa:			

Do you use / ¿Usa

Tobacco / Tabaco	How Much? / ¿Cuánto	Pack/Day - Pack / día	How long? / ¿Cuánto tiempo?	Years / Años
<input checked="" type="radio"/> No / No <input type="radio"/> Yes / Si				

9. HISTORY OF ABUSE: Please complete the following: If applicable:

☐ Not aplicable

HISTORIA DE ABUSO: Por favor, complete lo siguiente: en su caso:

No procede

TYPE OF ABUSE / TIPO DE ABUSO	WHAT AGE(S) OR WHEN / ¿QUÉ EDAD (s) o cuando
<input type="checkbox"/> Physical / física	6
<input type="checkbox"/> Emotional / Emocional	6
<input type="checkbox"/> Sexual / sexual	6, 19

10. FEMALE HEALTH: Women please complete the following:

SALUD FEMENINA: Mujeres por favor complete el siguiente:

Date of last menstrual period: _____ Fecha de la última menstruación: _____	# of Pregnancies: _____ Nº de Embarazos: _____	Are you pregnant now? / ¿Está embarazada ahora?: <input checked="" type="radio"/> No / No <input type="radio"/> Yes / Si <input type="radio"/> Don't know / No sabe
Date of last pap smear / Fecha de la última prueba de Papanicolaou: _____	Results / Resultados: <input type="radio"/> Normal / Normal <input type="radio"/> Abnormal / Anormal <input type="radio"/> Don't Know / No sabe	
Date of last mammogram / Fecha de la última mamografía: _____	Results / Resultados: <input type="radio"/> Normal / Normal <input type="radio"/> Abnormal / Anormal <input type="radio"/> Don't Know / No sabe	
Type of Birth Control / Tipo de Control de la natalidad: <input type="radio"/> Pills / Píldoras <input type="radio"/> IUD / DIU <input type="radio"/> Diaphragm / diafragma <input checked="" type="radio"/> None / ninguno <input type="radio"/> Other / otro: _____		
Are you taking hormones for menopause or after hysterectomy? ¿Está tomando hormonas para la menopausia o después de la histerectomía? <input type="radio"/> Yes / Si <input checked="" type="radio"/> No / No		
Have you ever had any of the following? (If Yes, what year?) / ¿Alguna vez ha tenido alguna de las siguientes? (En caso afirmativo, ¿en qué año?)		
<input type="radio"/> Abnormal Pap / Pap anormal	<input type="radio"/> Breast Biopsy / Biopsia de mama	<input type="radio"/> Hysterectomy / histerectomía
Check vaccinations you have had / Compruebe vacunas que han tenido: <input type="radio"/> Measles / Sarampión <input type="radio"/> Mumps / Paperas <input type="radio"/> Rubella / rubéola		

11. ALL INMATES - Please describe any other medical or mental health concerns you have:

TODOS LOS PRESOS - Por favor, describa cualquier otro problema de salud mental o médico que tenga:

Epilepsy Schizophrenia DIO	PTSD from 4-9-08 - Now

12. Diet / Dieta:

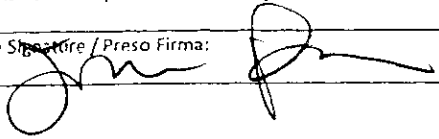
<input type="radio"/> Diabetic / diabético	<input type="radio"/> Vegetarian / Vegetariano	<input type="radio"/> Other / otro	Current weight / Peso actual	<input checked="" type="radio"/> Usual weight / peso habitual
--	--	------------------------------------	------------------------------	---

13. IMMUNIZATION: Have you received any of the following vaccinations:

VACUNAS: ¿Ha recibido alguna de las siguientes vacunas:

<input type="radio"/> Tetanus (when): _____ Tétanos (cuando): _____	<input checked="" type="radio"/> Hepatitis A Hepatitis A	<input checked="" type="radio"/> Hepatitis B hepatitis B	<input type="radio"/> Pneumonia ("Pneumovax") (when): _____ Neumonía ("Pneumovax") (cuando): _____
--	---	---	---

have answered all questions truthfully and to the best of my ability. / He respondido a todas las preguntas con la verdad y con lo mejor de mi capacidad.

Inmate Signature / Preso Firma: 	Date / fecha: 7-18-14
--	-----------------------

Ex. 3, Attach. A, p. 367

<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (1) Refills</p> <p>shake, well and inhale 2 puffs by mouth four times daily as needed ***pill line***</p> <p>#6.7 GM 554566-OKL Albuterol Inhaler HFA (6.7 GM) 90mcg</p>	<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take two tablets (4 MG) by mouth twice daily ***pill line***</p> <p>#60 TAB 554586-OKL Trihexyphenidyl 2 MG Tab</p>
<p>Ord. Date 07/19/16 Exp. Date 08/18/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (1) Refills</p> <p>***crush/empty*** Take one tablet (0.5 MG) by mouth at noon with one 1mg tablet (total dose 1.5mg) ***pill line***</p> <p>#0 TAB 554568-OKL clonazepam 0.5 MG Tab UD</p>	<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take one capsule (60 MG) by mouth each morning *consent form on file * 3/23/16 ***self carry*** ***pill line***</p> <p>#15 CAP 554573-OKL DULoxetine HCl Delayed Rel 60 MG Cap</p>
<p>Ord. Date 07/19/16 Exp. Date 08/18/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (1) Refills</p> <p>Take one tablet (1 MG) by mouth at noon with one 0.5mg tablet (total dose 1.5mg) ***crush/empty*** ***pill line***</p> <p>#0 TAB 554571-OKL clonazepam 1 MG Tab UD</p>	<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take one tablet (300 MG) by mouth two times a day for seizures ***pill line***</p> <p>#30 TAB 554581-OKL OXcarbazepine 300 MG Tab</p>
<p>Ord. Date 07/19/16 Exp. Date 08/18/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (1) Refills</p> <p>***crush/empty*** Take two tablets (2 MG) by mouth at bedtime ***pill line***</p> <p>#0 TAB 554572-OKL clonazepam 1 MG Tab UD</p>	<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take two tablets (50 MG) by mouth twice daily ***pill line***</p> <p>#60 TAB 554584-OKL Spironolactone 25 MG Tab</p>
<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take three tablets (3 MG) by mouth twice daily ***non-formulary approved*** exp 4/8/17 ***pill line***</p> <p>#90 TAB 554574-OKL Estradiol 1 MG Tab</p>	<p>G. Petry, MD FTC-Oklahoma City</p> <p>JUL 19 2016</p>
<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take one tablet (1 MG) by mouth each morning ***non-formulary approved*** exp 5/17/17 ***pill line***</p> <p>#15 TAB 554576-OKL Finasteride 1 MG TAB</p>	
<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Inhale 2 puffs by mouth twice daily - rinse mouth after use ***pill line***</p> <p>#1 ea 554578-OKL Mometasone Furoate Inhal 220 MCG/Inh (60)</p>	
<p>Ord. Date 07/19/16 Exp. Date 09/17/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (3) Refills</p> <p>Take one tablet (8 MG) by mouth at bedtime *consent form on file * 10/16/14</p> <p>#15 TAB 554582-OKL Perphenazine 8 MG Tab</p>	
<p>Ord. Date 07/19/16 Exp. Date 08/18/16</p> <p>PINSON, JEREMY 16267-064 FAP Z02 Petry, G. MD/CC (1) Refills</p> <p>Take four capsules (200 MG) by mouth twice daily ***Do Not Crush*** ***pill line***</p> <p>#0 Cap 554583-OKL Pregabalin 50 MG Cap UD</p>	

F. Paul, Pharmacist
FTC-Oklahoma City

Medication Sheet-Health Services Unit

BF4103139

Ex. 3, Attach. A, p. 368

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
INTAKE SCREENING - MEDICATION RECONCILIATION & ORDER FORM	
LIST ALL OF THE PATIENT'S MEDICATIONS PRIOR TO ADMISSION INCLUDING OTC AND ALTERNATIVE MEDICATIONS. ALTERNATIVE MEDICATIONS WILL NOT BE CONTINUED ON ADMISSION PER BOP POLICY. NEW MEDICATIONS OR MEDICATION CHANGES SHOULD BE WRITTEN IN THE APPROPRIATE SECTION BELOW	
RECEIVED FROM: <input type="checkbox"/> HOSPITAL RETURN <input type="checkbox"/> WRIT <input type="checkbox"/> BOP TRANSFER <input type="checkbox"/> SELF-SURRENDER <input type="checkbox"/> JAIL	
Source of Medication List (check all that apply): <input type="checkbox"/> SF-659 <input type="checkbox"/> Patient History/Interview	
<input type="checkbox"/> Patient Medication List <input type="checkbox"/> Non-BOP Medical Records <input type="checkbox"/> Patient medication list/Rx Bottles	
<input type="checkbox"/> Discharge Summary <input type="checkbox"/> Non-BOP pharmacy/physician/hospital consult <input type="checkbox"/> Other _____ (Initiate release of information request as appropriate)	
<input type="checkbox"/> FILL OUT A PSYCHOTROPIC MEDICATION CONSENT FORM (if applicable)	
<input type="checkbox"/> Check here if this is an addendum to or revision of a previously completed medication reconciliation list	

MEDICATION NAME (Write Legible)	FORM	DOSE (mg, mcg)	ROUTE (PO, SC, IV)	FREQ.	DURATION	LAST DOSE (DATE/TIME)	ACTION*		
1.							C	S	DC
2.							C	S	DC
3.							C	S	DC
4.							C	S	DC
5.							C	S	DC
6.	SEE REVERSE SIDE FOR LIST OF CURRENT MEDICATIONS						C	S	DC
7.							C	S	DC
8.							C	S	DC
9.							C	S	DC
10.							C	S	DC
11.							C	S	DC
12.							C	S	DC

*Circle the appropriate selection: C = continue (serves as medication order); S = discontinue & substitute w/ below order;
DC = discontinue (not medically necessary, per policy, or referred to commissary).
Document reason for DC orders and link all S orders with appropriate new order.

NEW MEDICATION ORDERS (continue on SF-600 back if necessary)

PROVIDER SIGNATURE & STAMP: *SEE REVERSE SIDE*

Records Maintained at	FTC OKC	
INMATE NAME:		
INMATE NUMBER:		
DATE OF BIRTH		HEALTH SERVICES

Pinson, Jeremy

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-25-16
Date

I, Pinson, Jeremy #16067-064, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

HIV TESTING

The following treatment(s) was/were recommended:

INTAKE HIV TESTING

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

This is a baseline lab offered to all inmates. You may sign a refusal at this time and in the future should you decide you wish to be tested you may sign up for sick call.

just had in Sine

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Signature] 7-25-16
Counseled by Date
NCL/USC/MS

[Signature] 7-25-16
Patient's Signature Date

Signature of Witness Date

THA--TERRE HAUTE

Facility:

Medication Orders:

Medication Administration Record

Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Ord. Date 7/19/16
Exp. Date 8/18/16

Order Pregabalin 50mg (4)

Ord. Date

Exp. Date

Order

Ord. Date

Exp. Date

Order

Ord. Date

Exp. Date

Order

Ord. Date

Exp. Date

Order

Ord. Date

Exp. Date

Order

Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

DOB: HT: WT: Allergies:

Physician: Petru

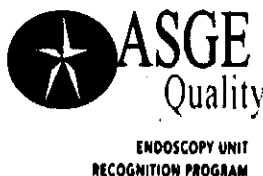
Pt. Name: Pinosch, Jeremy

Registration #: 16367-064

Unit: SHU B-59

Susquehanna Health

Williamsport Regional Medical Center



Pinson, Jeremy 6085268511
MR 1242904 02/06/1986
DOS 07/14/2016 End OP
Purcell, Robert E, M 30Y M



Patient Name:	Jeremy Pinson	Procedure Date:	7/14/2016 1:33 PM
MRN:	1242904	Account Number:	6085268511
Date of Birth:	2/6/1986	Admit Type:	Outpatient
Room:	2	Gender:	Male
Attending MD:	Robert E. Purcell, MD	Instrument Name:	2861351

Procedure: Upper GI endoscopy
Indications: Foreign body in the stomach
Providers: Robert E. Purcell, MD (Doctor), Loretta Widing, RN (Nurse), Daniel Pace, CRNA (Anesthesia Staff)
Referring MD: Brian O. Buschman, MD (Referring MD)
Medicines: See the Anesthesia note for documentation of the administered medications
Complications: No immediate complications.

Procedure: Pre-Anesthesia Assessment:
 - Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the nurse and the anesthetist in the procedure room. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use the discretion of the anesthesia personnel. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.
 After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Endoscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was technically difficult and complex due to presence of foreign body. The patient tolerated the procedure well.

Findings:

The esophagus was normal.

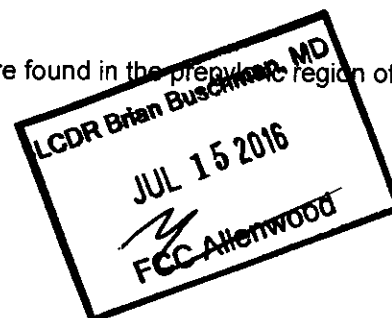
Spork was found in the gastric antrum, oriented aiming distally. Removal was accomplished with 2 snares. Grasped either end with a snare and used them to orient the axis correctly to remove it through the LES and up through the esophagus, extending neck to remove through the pharynx and mouth.

Patches of moderate inflammation characterized by adherent blood and erosions were found in the prepyloric region of the stomach, secondary to the trauma of the tines of the spork.

The examined duodenum was normal.

Impression:

- Spork was found in the stomach. Removal was successful.
- Gastritis secondary to trauma of spork.



Ex. 3, Attach. A, p. 372

Susquehanna Health
Williamsport Regional
Medical Center



ENDOSCOPY UNIT
RECOGNITION PROGRAM

Pinson, Jeremy 6085268511
MR 1242904 02/06/1986
DOS 07/14/2016 End OP
Purcell, Robert E, M 30Y M



Patient Name:	Jeremy Pinson	Procedure Date:	7/14/2016 1:33 PM
MRN:	1242904	Account Number:	6085268511
Date of Birth:	2/6/1986	Admit Type:	Outpatient
Room:	2	Gender:	Male
Attending MD:	Robert E. Purcell, MD	Instrument Name:	2861351

Recommendation:

- Facility has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.
- Resume previous diet.
- Continue present medications.

Robert E. Purcell, MD
7/14/2016 2:11:28 PM

Number of Addenda: 0

Note Initiated On: 7/14/2016 1:33:02 PM

Susquehanna Health
Williamsport Regional
Medical Center



Pinson, Jeremy 6085268511
MR 1242904 02/06/1986
DOS 07/14/2016 End OP
Purcell, Robert E, M 30Y M



Patient Instructions after a Upper GI endoscopy

Patient: Jeremy Pinson
MRN: 1242904
Procedure Date: Thursday, July 14, 2016
Attending MD: Robert E. Purcell, MD

FINDINGS:

You had a **Upper GI endoscopy** on **Thursday, July 14, 2016**. Your doctor found the following:

- **Spork was found in the stomach. Removal was successful.**
- **Gastritis secondary to trauma of spork.**

PATIENT INSTRUCTIONS:

The medicine used during your procedure may have some effects up to twenty-four (24) hours. If you feel sleepy, dizzy or lightheaded, it is normal and will slowly wear off.

1. Activity Guidelines:

- We advise for your safety and comfort, you remain with a responsible adult while anesthesia or sedation wears off.
- If soreness at I.V. needle site develops, apply a warm, wet washcloth for 15 minutes 3 or 4 times a day.
- If soreness persists or redness, swelling or drainage occurs beyond 24 hours, notify your doctor.
- Start with clear liquids and advance your diet as tolerated.
- Rest and relax, do not return to work today.
- Do not move quickly when rising from sitting or lying position.
- Do not operate machinery for 24 hours.
- Do not drink alcohol for 24 hours.
- Do not make important decisions.
- Do not drive for 24 hours.
- Follow your doctors orders.

2. Please contact your procedural physician immediately for any of the following: severe abdominal pain, fever greater than 101 degrees F, uncontrolled rectal bleeding or recurrent vomiting. With complications of an emergency nature, go to the nearest emergency room or call 911 for assistance.

3. Medications: Follow your doctor's orders for taking medications.

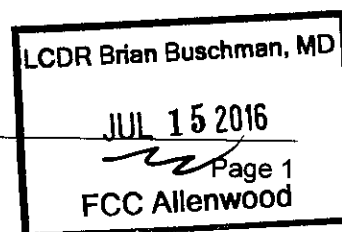
- | | |
|--|---|
| <input type="checkbox"/> Prescription(s) given | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Personal medication record given | <input type="checkbox"/> Medication education given |
| <input type="checkbox"/> Medication reconciliation list given to patient | |

4. We will be calling you the day after your test to inquire about your condition and to answer any question. If you desire not to be called, please inform us.

Robert E. Purcell, MD also recommends the following:

Resume your previous diet.

Continue your present medications.



Susquehanna Health

Williamsport Regional
Medical Center



ASGE
Quality

ENDOSCOPY UNIT
RECOGNITION PROGRAM

Pinson, Jeremy 6085268511
MR 1242904 02/06/1986
DOS 07/14/2016 End OP
Purcell, Robert E, M 30Y M



If you have any questions regarding the above instructions, please call the GI Lab @ (570) 321-2414.

Nurse Signature

Date/Time

Patient/Designated Responsible Party Signature

Robert E. Purcell, MD
7/14/2016 2:11:29 PM



USP Allenwood ALP

Patient:	PINSON, JEREMY (Male)	DOB:	02/06/86
Register#:	16267-064	Age:	30
Date:	07/11/16 11:19	Status:	OP
Slice count:	4		
History:	"inmate was witnessed swallowing a spork"		
Priors:			
Exams:	FILM ACUTE ABDOMEN SERIES W/ CXR		
Referring Phy:	Brian_Buschman_M.D.		
Ordering Phy:	[orderingPhy]		
Ordering Phy #:	[orderingPhyPhone]		
Accession Numbers:	202#BOP209529403		

Final Report

Exam: FILM ACUTE ABDOMEN SERIES W/ CXR

HISTORY: Ingested foreign body

TECHNIQUE: 4 views obtained

COMPARISON: June 9, 2016

FINDINGS: Upright frontal view of the chest and upright and supine frontal views of the abdomen are reviewed. The lungs are clear. The cardiac and mediastinal contours are normal. No evidence of extraluminal air under the diaphragms.

The abdominal films demonstrate constipation. No bowel distention or air-fluid levels. There is a curvilinear radiodensity on the second image, projecting over the T10 and T11 vertebral bodies. This could represent the patient's ingested foreign body. There is no evidence of organomegaly, abnormal calcifications or obvious soft tissue masses. The osseous structures are intact.

IMPRESSION:

Curvilinear radiodensity on the second image projects over the T10 and T11 vertebral bodies. This is suspicious for the patient's ingested foreign body.

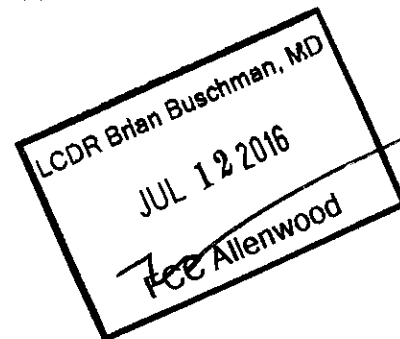
Constipation.

Radiologist: Maurice Yu, MD

Study ready at 11:21 and initial results transmitted at 23:27

Critical Value Communications

Clear Time	Type	Notes
	Verify Receipt	





USP Allenwood ALP

Patient: **PINSON, JEREMY (Male)** DOB: 02/06/86
Register#: **16267-064** Age: 30
Date: 07/13/16 11:25 Status: OP
Slicecount: 5
History: "f/u swallowed spork on last image appeared to overly T11 vertebral body."
Priors:
Exams: **FILM ACUTE ABDOMEN SERIES W/ CXR**
Referring Phy: **Brian_Buschman_M.D.**
Ordering Phy:
Ordering Phy #:
Accession Numbers: 202#BOP543579403

Final Report

Exam: **FILM ACUTE ABDOMEN SERIES W/ CXR**

INDICATION: Follow-up swallowed Sporck on last image. Overlying T11 vertebral body

COMPARISON: Acute abdominal series 7/11/16

FINDINGS:

Image #4 demonstrates faint curvilinear foreign body projecting over the midline upper abdomen and partially in the right paraspinous region at the L1-L2 level. Appearance is favoring ingested Sporck. Location favors the Sporck located in the body of the stomach.

No free air under the diaphragm. No bowel obstruction.

Lungs are clear. Heart size and mediastinal contour within normal limits. No pleural effusion.

No radiopaque urinary tract stones.

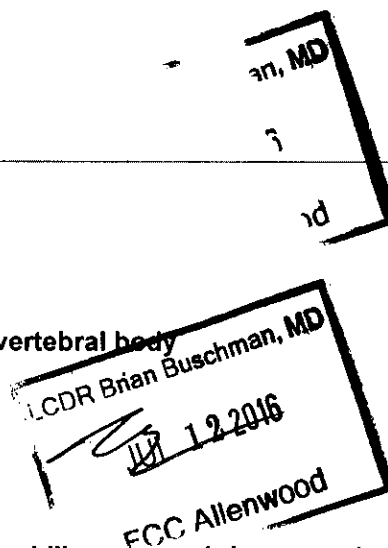
IMPRESSION:

Image #4 demonstrates faint curvilinear foreign body projecting over the midline upper abdomen and partially in the right paraspinous region at the L1-L2 level. Appearance is favoring ingested Sporck. Location favors the Sporck located in the body of the stomach.

No free air under the diaphragm. No bowel obstruction.

Lungs are clear without acute cardiopulmonary process.

Radiologist: Farhad Khorashadi, MD



USP ALLENWOOD
HEALTH SERVICE - X-RAY
P.O. BOX 3500
WHITE DEER, PA 17887

Ex. 3, Attach. A, p. 377

Study ready at 11:25 and initial results transmitted at 11:49

USP ALLENWOOD
HEALTH SERVICE – X-RAY
P.O. BOX 3500
WHITE DEER, PA 17887

Ex. 3, Attach. A, p. 378

Evangelical Community Hospital, Emergency Department

Evangelical Community HospitalOne Hospital Drive
Lewisburg, PA 17837
570-522-264016267-064
T. Wickham, PA-C
FCC Allenwood

Discharge Instructions for:

PINSON, JEREMY V

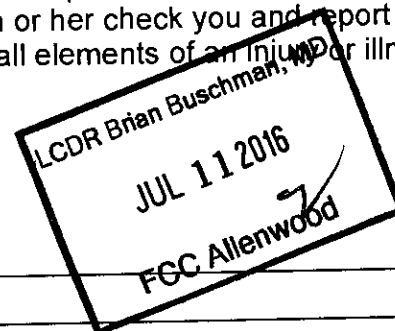
Arrival Date:

Friday, July 08, 2016

Thank you for choosing **Evangelical Community Hospital** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Connolly, B, MD

Diagnosis: Smoke Inhalation



DISCHARGE INSTRUCTIONS	FORMS
Smoke Inhalation, Mild	Medication Reconciliation
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Allenwood, USP- U.S. Penitentiary When: 2 days; Reason: If not improving	None
SPECIAL NOTES	
CO level was 5, a non toxic level. You may have mild headache or nausea for the next 24 hours. Motrin for any discomfort.	

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Patient Copy

FOLLOW UP INSTRUCTIONS

Allenwood, USP- U.S. Penitentiary (Penitentiary)

570-547-0963

When: 2 days

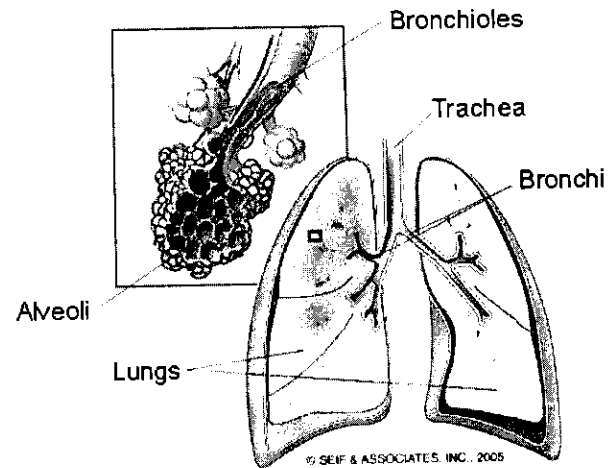
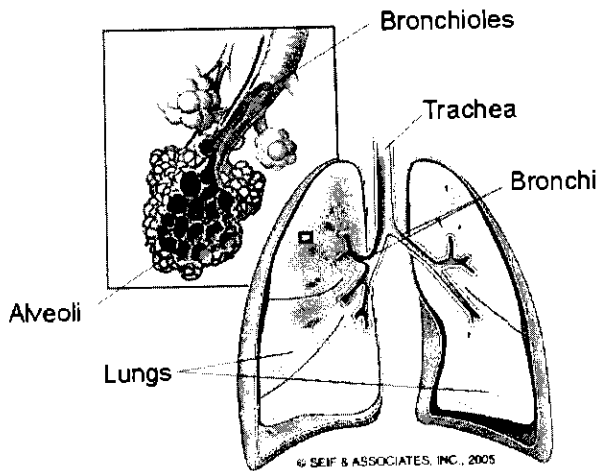
Reason: If not improving

T. Wickham, PA-C
FCC Allenwood

Evangelical Community Hospital, Emergency Department

Smoke Inhalation (Mild)

Smoke inhalation (breathing in) is likely due to exposure to fire in a closed space. Inhaling large amounts of smoke is dangerous. It causes an inflammation (redness and soreness) of the linings of the breathing tubes within the lungs.



Do not return to the area of the fire. Wait until the fire is completely out and all the smoke is gone. Wait until authorities tell you it is safe.

Smoke inhalation is often treated with observation. Sometimes *antibiotics* (medicine that kill germs) and anti-inflammatory medicine may be necessary.

SEEK MEDICAL ATTENTION IF:

An oral temperature above 101° F (38.3° C) develops.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have wheezing, difficulty breathing, or a continuous cough.
- You have *nausea* (feeling sick to your stomach) or vomiting.
- You have shortness of breath with your usual activities. Your heart seems to beat too fast with minimal exercise.
- You become confused, irritable, or unusually sleepy.

Have someone drive you to the emergency department or call 911. **DO NOT drive yourself.** A re-check will determine if hospitalization is necessary.

Document Released: 04/07/2004 Document Re-Released: 06/05/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.

Nurse's Notes**Name:** JEREMY PINSON**Age:** 30 yrs **Sex:** Male **DOB:** 02/06/1986**Arrival Date:** 07/08/2016 **Time:** 12:17**Bed:** 19

T. Wickham, PA-C
FCC Allenwood
 7/11/16

Evangelical Community Hospital
MRN: 362278
Account#: 9808381
Private MD:

Presentation:

07/08
 12:25 **Method Of Arrival:** EMS Ground ALS: MICU 15.

12:25 **Acuity:** ESI 2.

12:25 **Presenting complaint:** EMS states: INMATE SET HIS SHEETS AND BLANKETS ON FIRE IN HIS CELL. IN WITH SMOKE FOR APPROX 3 MINUTES. PUT WET RAG OVER MOUTH. PER PRISON. PT WAS UNRESPONSIVE AND APENIC. WAS BAGGED FOR 2.5 MINUTES. HAD A GAG REFLEX WHEN PRISON ATTEMPTED TO INTUBATE. SAW 2 PIECES OF HARD CANDY IN AIRWAY AND CLEARED THEM. ON MEDICS ARRIVAL, PT AWAKE AND ALERT. COMPLAINS OF MODERATE RESPIRATORY DIFFICULTY WITH WHEEZING BILATERALLY. Date of onset: Today. Time of onset: PTA. This encounter is the result of an accident. Accident occurred USP ALLENWOOD. Transition of care: PRISON. Care prior to arrival: EMS report: oxygen administered, non-rebreather mask, NS lock 16 gauge Site LAC prehospital medication(s) include(s), Albuterol Neb 2 unit doses.

12:31 **Care prior to arrival:** EMS report: NS lock 20 gauge Site RIGHT WRIST.

Triage Assessment:

12:41 **General:** Appears in no apparent distress, calm, Behavior is cooperative. **Pain:** Complains of pain in lungs, hands, face. **Neuro:** Level of Consciousness is awake, alert, obeys commands. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent.

Historical:

• **Allergies:** Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bentyl;

• **Home Meds:**

1. albuterol sulfate 90 mcg/actuation inhalation aepb 2 puffs every 4 hours as needed
2. clonazepam 1.5 MG oral AT NOON
3. clonazepam 2 mg oral tab nightly
4. duloxetine 60 mg oral cpDR 1 cap once daily
5. estradiol 1 mg oral tab 1 tab twice a day
6. finasteride 1 mg oral tab 1 tab once daily
7. mometasone 220 mcg (120 doses) inhalation aepb 2 puffs 2 times per day
8. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
9. perphenazine 8 mg oral tab 1 tab daily
10. pregabalin 100 mg oral cap 2 caps 2 times per day
11. spironolactone 50 mg oral tab 2 times per day
12. trihexyphenidyl 2 mg oral tab 2 tabs 2 times per day

• **PMHx:** OCULAR HTN; ASTHMA; SEIZURES; ANXIETY; ANTISOCIAL PERSONALITY DISORDER; IRRITABLE BOWEL SYNDROME; SELF HARM: - Scrotal foreign body (May 25, 2016); Arm Laceration (May 25, 2016)

• **Immunization history:** Last tetanus immunization: unknown.

• **Social history:** Smoking status: Patient/guardian denies using tobacco. The patient lives in prison at USP Allenwood.

• **Travel history:** Patient has not traveled out of the

Screening:

12:41 **Abuse screen:**

Denies threats or abuse.

Nutritional screening:

No deficits noted.

Tuberculosis screening:

No symptoms or risk factors identified.

Fall risk

None identified.

LCDR Brian Buschman, MD
 JUL 11 2016
 FCC Allenwood

Nurse's Notes Con't

country in the last 21 days..

• : Current meds were reviewed at this encounter LIST FROM PRISON.

• The history from nurses notes was reviewed.: I agree with nursing notes for past medical and social history except as documented..

T. Wickham, PA-C
FCC Allenwood

Assessment:

13:05 **Pain:** Complains of pain in hands, face, lungs. **General:** Appears in no apparent distress, calm. Behavior is appropriate for age. **Neuro:** Level of Consciousness is awake, alert, obeys commands. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical. Airway is patent. **Derm:** Decubitus not assessed- mobile patient. qlh

13:40 **Pain:** Complains of pain in face, hands, lungs Pain currently is 5 out of 10 on a pain scale. **General:** Appears calm. Behavior is appropriate for age, cooperative. **Neuro:** Level of Consciousness is awake, alert, obeys commands. **Respiratory:** No deficits noted. qlh

14:30 **General:** Appears calm, Behavior is appropriate for age, cooperative. **Neuro:** Level of Consciousness is awake, alert, obeys commands. **Respiratory:** No deficits noted. qlh

15:26 **General:** Appears calm, Behavior is appropriate for age, cooperative. **Neuro:** Level of Consciousness is awake, alert, obeys commands. qlh

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
12:25	102 / 61	100	20		100% on 100% Non-rebreather mask			jb1
12:33	126 / 68	104	16		97%			qlh
13:00	124 / 60	110	20		95% on R/A			qlh
14:15	132 / 73	80	18		100% on R/A			qlh
14:16				98(O)				qlh
14:45	138 / 79	76	16		100% on R/A			qlh
15:27	128 / 73	90	20		99% on R/A			qlh

12:25 PREHOSPITAL VITALS

jb1

Dispensed Medications:

Time	Drug & Dose	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12:44	DuoNeb 1 unit(s)		Inhalation					qlh
13:05	NS Bolus 1 Liter(s)		IV	Bolus		left antecubital		qlh
13:45	Follow up: IV Status: Completed infusion							qlh
13:49	TORadol 30 mg(s)		IVP			left antecubital		qlh
13:49	NS Bolus 1 Liter(s)		IV	Bolus		left antecubital		qlh

Point of Care Testing:

Time	Blood Glucose				Staff
	Glucose Value	Glucometer Control	Solution High	Solution Low	

Name: JEREMY PINSON

Ex. 3, Attach. App 383

Account#: 9808381

Print Time: 7/8/2016 15:28:39

Page 2 of 5

Nurse's Notes Con't

12:40

94

qlh

T. Wickham, PA-C
FCC Allenwood**Interventions and Observations:**

12:18 Patient arrived in ED.	jb1
12:25 Allergy armband placed on patient. Patient has correct armband on for positive identification. Placed in gown. Bed in low position. Call light given to patient Side rails up X2.	qlh
12:31 Triage completed.	jb1
12:38 EKG done. (by ED staff). Reviewed by Dr. Connolly.	bjs
12:50 Urine specimen collected dirty urine sent for cyanide level.	bjs
13:10 Labs drawn (by ED staff).	bjs
13:11 CBC W/ Platelets Sent.	bjs
13:11 Chem 7 Sent.	bjs
13:12 Chest Xray PA & Lat Sent.	lw
13:37 Diet: Patient given water.	qlh
15:28 No procedures done that require assistance.	qlh
15:28 I assumed care of this patient for entire stay.	qlh

Outcome:

15:00 Discharge ordered by MD.	bjc
15:23 Report called to REPORT CALLED TO DR. BUSCHMAN USP ALLENWOOD.	qlh

Signatures:

Bickhart, Jillian, RN	RN	jb1	Williams, Lindsay, Rad	Rad	lw
Kranzel, Quinn, RN	RN	qlh	Connolly, B, MD	MD	bjc
Simmons, Billie, LPN	LPN	bjs	Baughman, Justin, Reg	Reg	jb1

Corrections:

12:35 42:25 ~~Presenting complaint. EMS states: INMATE SET HIS SHEETS AND BLANKETS ON FIRE IN HIS CELL IN WITH SMOKE FOR APPROX 3 MINUTES. PUT WET RAG OVER MOUTH. PER PRISON, PT WAS UNRESPONSIVE AND APENIC. WAS BAGGED FOR 2.5 MINUTES. HAD A GAG REFLEX WHEN PRISON ATTEMPTED TO INTUBATE. ON MEDICS ARRIVAL, PT AWAKE AND ALERT. COMPLAINS OF MODERATE RESPIRATORY DIFFICULTY WITH WHEEZING BILATERALLY.~~

jb1 jb1

Name: JEREMY PINSON

Ex. 3, Attach. App. 384

Account#: 9808381

Print Time: 7/8/2016 15:28:39

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Physician Documentation**Name:** JEREMY PINSON**Age:** 30 yrs **Sex:** Male **DOB:** 02/06/1986**Arrival Date:** 07/08/2016 **Time:** 12:17**Bed:** 19

Evangelical Community Hospital
T. Wickham, PA
FCC Allenwood

MRN: 362278

Account#: 9808381

Private MD:

HPI:

07/08 12:53 This 30 yrs old White Male presents to ED via EMS Ground ALS with complaints of **Smoke Inhalation** bjc

12:53 H presents for evaluation of smoke inhalation. Patient prisoner. Ignited his bed clothes on fire in his prison cell. Per EMS report, fire was believed to have been burning for approximately 3 minutes, when the patient suffered a syncopal episode. Patient was pulled from the room, bag valve mask ventilation was initiated, patient was taken to the sick bay, where he had direct laryngoscopy performed. 2 large pieces of candy were noted in the airway, and when these were removed, patient regained consciousness rapidly. The provider did not notice any airway edema, and other than the candy, the airway appeared normal. In route to the emergency room, patient was given nebulized breathing treatments. Here in the emergency room, patient complains of mild shortness of breath, but notes a history of asthma. He states that taking deep breaths causes him some burning pain in his chest. bjc

Historical:

- Allergies:** Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bently;

- Home Meds:**

1. albuterol sulfate 90 mcg/actuation inhalation aepb 2 puffs every 4 hours as needed
2. clonazepam 1.5 MG oral AT NOON
3. clonazepam 2 mg oral tab nightly
4. duloxetine 60 mg oral cpDR 1 cap once daily
5. estradiol 1 mg oral tab 1 tab twice a day
6. finasteride 1 mg oral tab 1 tab once daily
7. mometasone 220 mcg (120 doses) inhalation aepb 2 puffs 2 times per day
8. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
9. perphenazine 8 mg oral tab 1 tab daily
10. pregabalin 100 mg oral cap 2 caps 2 times per day
11. spironolactone 50 mg oral tab 2 times per day
12. trihexyphenidyl 2 mg oral tab 2 tabs 2 times per day

- PMHx:** OCULAR HTN; ASTHMA; SEIZURES; ANXIETY; ANTISOCIAL PERSONALITY DISORDER; IRRITABLE BOWEL SYNDROME; SELF HARM; - Scrotal foreign body (May 25, 2016); Arm Laceration (May 25, 2016)

- Immunization history:** Last tetanus immunization: unknown.

- Social history:** Smoking status: Patient/guardian denies using tobacco. The patient lives in prison at USP Allenwood.

- Travel history:** Patient has not traveled out of the country in the last 21 days.

- Current meds:** were reviewed at this encounter LIST FROM PRISON.

- The history from nurses notes was reviewed:** I agree with nursing notes for past medical and social history except as documented.

ROS:

12:53 **Constitutional:** Negative for fever **Eyes:** Negative for acute change in vision **ENT:** Negative for epistaxis. bjc
discharge from ears. **Neck:** Negative for injury **Cardiovascular:** Negative for chest pain. **Respiratory:**
Shortness of breath **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and
constipation. **MS/Extremity:** Negative for injury and deformity. **Skin:** Negative for rash **Neuro:** Negative for
seizure activity, altered level of alertness **Psych:** Negative for hallucinations or abnormal behavior.
Allergy/Immunology: Negative for hives **Endocrine:** Negative for polydipsia.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
12:25	102 / 61	100	20		100% on 100% Non-rebreather mask			jb1
12:33	126 / 68	104	16		97%			qlh
13:00	124 / 60	110	20		95% on R/A			qlh

Physician Documentation Con't.T. Wickham, PA-C
FCC Allenwood

14:16		98(O)		qlh
12:25	PREHOSPITAL VITALS			jb1

Exam:

12:53

bjc

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.**Head/Face:** Normocephalic, atraumatic.**Eyes:** PERRLA, EOMI, normal sclera, no evidence of conjunctivitis.**ENT:** External ear is normal without erythema or drainage. Nostrils are patent without epistaxis. Oral airway is patent without signs of obstruction.**Neck:** Supple. Trachea midline. Normal ROM with no evidence of vertebral point tenderness. No meningismus is appreciated.**Chest/axilla:** Normal chest wall appearance and motion.**Cardiovascular:** Normal heart sounds with no murmurs, rubs, or gallop. No pulse deficits.**Respiratory:** Mild wheezing bilateral. No increased work of breathing. Posterior pharynx is normal. no soot appreciated.**Abdomen/GI:** Soft, non-tender. No distension. No guarding or rebound.**MS/ Extremity:** No evidence of focal tenderness or deformity in all extremities. Full ROM throughout.**Skin:** Normal color with no rashes, no lesions, and no evidence of cellulitis.**Neuro:** CN 2-12 grossly intact. Intact motor and sensory throughout. Mental status is appropriate for patient's condition.**Psych:** Awake, alert, with orientation to person, place and time. Behavior, mood, and affect are within normal limits.**Point of Care Testing:**

Time	Blood Glucose				Staff
	Glucose Value	Glucometer Control	Solution High	Solution Low	
12:40	94				qlh

Dispensed Medications:

Time	Drug & Dose	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12:44	DuoNeb 1 unit(s)		Inhalation					qlh
13:05	NS Bolus 1 Liter(s)		IV	Bolus		left antecubital		qlh
13:45	Follow up: IV Status: Completed infusion							qlh
13:49	TORadol 30 mg(s)		IVP			left antecubital		qlh
13:49	NS Bolus 1 Liter(s)		IV	Bolus		left antecubital		qlh

Medication Name	Dose/Strength	Frequency	Last Dose Date/Time	What is it for?
albuterol sulfate 90 mcg/actuation	2 puffs	every 4 hours as needed		
clonazepam 1.5 MG		AT NOON		
clonazepam 2 mg		nightly		

Name: JEREMY PINSON

Ex. 3, Attach. App 38678

Account#: 9808381

Print Time: 7/8/2016 15:25:59

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*Physician Documentation Con't.*T. Wickham, PA-C
FCC Allenwood

duloxetine 60 mg	1 cap	once daily		
estradiol 1 mg	1 tab	twice a day		
finasteride 1 mg	1 tab	once daily		
mometasone 220 mcg (120 doses)	2 puffs	2 times per day		
oxcarbazepine 300 mg	1 tab	2 times per day		
perphenazine 8 mg	1 tab	daily		
pregabalin 100 mg	2 caps	2 times per day		
spironolactone 50 mg		2 times per day		
trihexyphenidyl 2 mg	2 tabs	2 times per day		

MDM:

12:57 Patient medically screened.

bjc

13:44 Financial registration complete.

mtb

14:59

bjc

Medical Decision Making: Carbon monoxide is mildly elevated at 5, however, patient denies headache, or other symptoms at this time. He reports feeling well. He is breathing without difficulty, denies airway swelling or pain. He'll be observed further at the prison infirmary should he develop symptoms. Stable for discharge at this time.

Time	Order name	Complete Time	Interpretation	Staff
07/08 12:22	Carbon monoxide level, Arterial; iMed & Resp (ABG)	12:24		bjc
07/08 12:22	EKG - Enter order into Sunrise	12:24		bjc
07/08 12:22	ABG	12:24		bjc
07/08 12:25	OTHER:: cyanide level	12:32		bjc
07/08 12:35	Duoneb. single neb	12:40		bjc
07/08 12:22	EKG (RN)	12:42		bjc
07/08 12:22	CARDIAC MONITOR	12:44		bjc
07/08 12:22	Accucheck	12:44		bjc
07/08 12:25	IV SALINE LOCK	12:44		bjc
07/08 12:35	DuoNeb 1 unit(s) Inhalation once	12:44		bjc
07/08 12:35	Duoneb. single	12:44		bjc
07/08 12:25	NS Bolus 1 Liter(s) IV at Bolus once; Notify when complete	13:05		bjc

Name: JEREMY PINSON

Ex. 3, Attach. App. 387

Account#: 9808381

Print Time: 7/8/2016 15:25:59

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Physician Documentation Con't.

07/08 12:22	OXYGEN to maintain O2 sat > 94%	13:09		bjc
07/08 13:38	PO FLUIDS	13:38		bjc
07/08 12:22	Chem 7	13:38		bjc
07/08 12:46	Glucose POC StatStrp	13:38		EDMS
07/08 13:15	Blood Gas Venous	13:38		EDMS
07/08 12:35	Chest Xray PA & Lat	13:43	CXR reviewed. No pneumothorax. effusion or infiltrate.	bjc
07/08 13:42	TORadol 30 mg(s) IVP once; (<55 yo)	13:49		bjc
07/08 13:42	NS Bolus 1 Liter(s) IV at Bolus once; Notify when complete	13:49		bjc
07/08 12:22	CBC W/ Platelets	14:59		bjc

T. Wickham, PA-C
FCC Allenwood

Disposition:**07/08/16 15:00 Discharged to Jail/Police. Impression: Smoke Inhalation.**

- Condition is Good.
- Discharge Instructions: Smoke Inhalation. Mild.
- Medication Reconciliation form.
- Follow up: Allenwood, USP- U.S. Penitentiary; When: 2 days; Reason: If not improving.
- Problem is new.
- Symptoms have improved.
- Notes:

CO level was 5, a non toxic level. You may have mild headache or nausea for the next 24 hours. Motrin for any discomfort.

Signatures:

Dispatcher MedHost	EDMS	Bickhart, Jillian, RN	RN	jb1
Edwards, Rose (Rosemarie), UA	UA	rwe	Kranzel, Quinn, RN	RN
Bollinger, Mallery, Reg	Reg	mtb	Connolly, B. MD	MD
				bjc



USP Allenwood ALP

Patient: **PINSON, JEREMY (Male)** DOB:
Register#: **16267-064** Age: **30**
Date: **06/09/16 13:53** Status: **OP**
Slicecount: **1**
History: **"Will need to obtain a 1 view ABD x-ray after he is out of restraints to assess for metallic foreign body."**
Priors:
Exams: **FILM ABDOMEN**
Referring Phy:
Ordering Phy:
Ordering Phy #:
Accession Numbers: **202#BOP448307630**

Final Report

Exam: FILM ABDOMEN

HISTORY: Assess for metallic foreign body

TECHNIQUE: Single view was performed

COMPARISON: No prior imaging

FINDINGS: There is a 3 cm metallic radiodensity projecting in the ascending colon. There is a 8mm springlike radiodensity projecting over the sigmoid colon. There is constipation. There is a nonobstructive bowel gas pattern. No evidence of organomegaly, abnormal calcifications or obvious soft tissue masses. The osseous structures are intact.

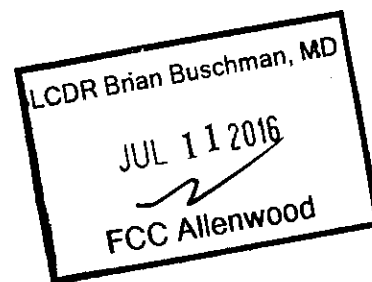
IMPRESSION:

3 mm metallic radiodensity projects over the ascending colon. 8mm springlike radiodensity projects over the sigmoid colon in the pelvis.

Constipation.

Radiologist: **Maurice Yu, MD**

Study ready at 16:26 and initial results transmitted at 01:10



USP ALLENWOOD
HEALTH SERVICE - X-RAY
P.O. BOX 3500
WHITE DEER, PA 17887

*Mechan RAC
J. Burman
7/11/16*

Ex. 3, Attach. A, p. 389



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 06/30/2016 07:00
Reg # 16267-064	Order Unit SPG Unit	Received 07/01/2016 10:15
DOB 02/06/1986	Provider Elizabete Santos, DO	Reported 07/01/2016 14:37
Sex M		LIS ID 183161137

CHEMISTRY

Potassium	4.2	3.5-5.0	mmol/L
-----------	-----	---------	--------

*Meehan RAC
Benmore
7/6/16*

LCDR Brian Buschman, MD
JUL 07 2016
FCC Allenwood

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

EX. 3, Attach. A, p. 390

Person # 16267064

Medical
Sex Reassign. SurgeonALP-1330.13J
September 1, 2005
Attachment 1United States Penitentiary
Allenwood, PennsylvaniaADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTE TO INMATE: You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9 [BP-229(13)], you must ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state the names of staff contacted.

Issued By: LCB (Initials of Correctional Counselor)
Date Issued To The Inmate: 6/5/16INMATE'S COMMENTS:1. Complaint: I want to know if the BOP offers sex reassignment surgery to its inmates, yes or no.2. Efforts you have made to informally resolve: Spoke to Medical3. Names of staff you contacted: Spoke with Dr. Handiel and Dr. SantosDate Returned to Correctional Counselor: 6-6-16• [Signature]
Inmate's Signature16267-064
Reg. Number6-6-16
DateCORRECTIONAL COUNSELOR'S COMMENTS:

1. Efforts made to informally resolve and staff contacted:

• Date BP-9 Issued: _____

[Signature]
Correctional Counselor

Unit Manager (Date)

Distribution: If complaint is NOT informally resolved - Forward original attached to BP-9 Form to the Executive Assistant.

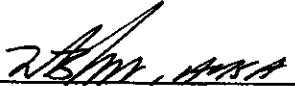
PINSON, Jeremy
Reg. No. 16267-064
Unit: Z04-235LAD
Page 1

This is in response to your Request for an Informal Resolution received on June 27, 2016, in wherein you inquire if the Bureau of Prisons "offers sex reassignment surgery to its inmates."

According to the World Professional Association for Transgender Health (WPATH), criteria for Gender Confirming Surgery includes Persistent well-documented gender dysphoria, Capacity to consent to treatment, Age of Majority, Twelve months of feminizing hormone therapy, and 12 months of continuous living in the gender role that is congruent with one's gender. In addition, the WPATH recommends full clinical evaluations to be done by a licensed Psychiatrist/Psychologist, and Medical Doctor to document stable psychiatric and medical problems and "readiness" for extensive surgical interventions. The BOP does not have any policy that prohibits sex affirming surgery, and provides individualized psychological/medical care to all individuals, including Feminizing/Masculinizing hormone regimens and supportive psychological treatment according to community standards.

According to your medical record you were just started on feminizing hormone therapy in January of 2016. Your hormone levels are not at expected goals just yet; This does not meet WPATH's criteria for sex affirming surgery, which recommends a full 12 months of "feminizing hormone therapy". Because of your severe anxiety, and several self mutilation episodes requiring hospitalization, and other security concerns (beyond the control of your treatment team) you were only living in general population for a very short time, and therefore not able to live "in the gender role that is congruent with one's gender". Your psychiatric illness, despite nearly daily interactions with a licensed Psychologist, and evaluations by a Psychiatrist is not yet well controlled. Given current standards of practice, you are not yet meeting criteria for sex affirming surgery.

You are receiving appropriate medical care in accordance with your clinical assessments. If your condition has changed or worsened, please report to sick-call to have your concerns appropriately addressed by your Primary Care Provider.



M. Magyar, AHSA
USP Allenwood



Date



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 06/23/2016 12:13
Reg # 16267-064	Order Unit SPG Unit	Received 06/24/2016 12:14
DOB 02/06/1986	Provider Elizabete Santos, DO	Reported 06/24/2016 15:42
Sex M		LIS ID 176161897

CHEMISTRY

Potassium	4.6	3.5-5.0	mmol/L
-----------	-----	---------	--------

LCDR Brian Buschman, MD
JUN 28 2016
FCC Allenwood

C. Craig, PA-C
USP Allenwood

JUN 28 2016

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Federal
Bureau of
Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 06/14/2016 10:27
Reg # 16267-064	Order Unit SPG Unit	Received 06/15/2016 10:28
DOB 02/06/1986	Provider B. Wood, PA-C	Reported 06/15/2016 13:03
Sex M		LIS ID 167161265

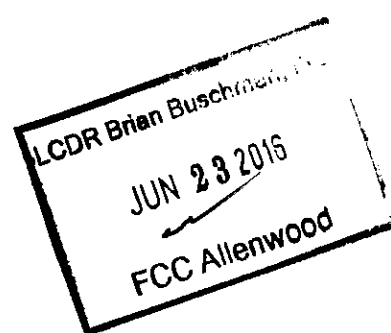
HIV

HIV 1/2

Negative

Negative

Screening test - See confirmatory testing for Reactive results

C. Craig PA-C
USP Allenwood
JUN 23 2016

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

BP-A0489

HIV COUNSELING DOCUMENTATION CDFRM

JUN 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Directions:

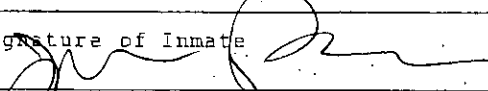
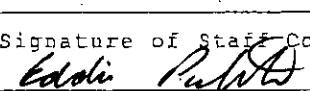
Use the following criteria to counsel the patient who is tested for the HIV antibody. Check off each item as they are discussed. Write NA beside any item that is inappropriate to the situation. The reverse side of this form will be utilized to document seronegative and inconclusive test results. File in the patient's record, documenting in progress notes that counseling was completed.

Explained in: (circle) English Spanish Other _____ (specific language)

PRE-TEST:

- ☒ 1. Explain purpose of session.
- ☒ 2. Explain confidentiality.
- ☐ 3. Explain HIV antibody test.
 - ☒ a. What AIDS is
 - ☒ b. What the test is
 - ☒ c. Test Procedure
 - ☒ d. Meaning of test results
 - ☐ e. Inability of detecting early infection (false negatives)
 - ☐ f. Potential need for additional testing
 - ☐ g. Significance of a positive test
- ☒ 4. List risk factors/clinical signs: (check all that apply)
 - ☒ a. Injecting drug use, sharing drug or tattoo equipment
 - ☒ b. Unprotected or multiplex sex partners
 - ☒ c. Treated for: sexually transmitted infections, hepatitis, or TB
 - ☒ d. Clinical s/s: fever or illness of unknown cause, symptoms of AIDS opportunistic infections
 - ☐ e. Exposure: recent occupational or non-occupational exposure/incident
 - ☐ f. Pregnant female
 - ☐ g. Other:
- ☒ 5. Obtain informed consent (when applicable)
- ☒ 6. Risk Reduction Behaviors. Educational material given.
- ☒ 7. Patient Reactions/Comments.
- ☐ 8. Explain how the patient will be notified of the results.

The above information has explained to me in a language I can understand.

Signature of Inmate 	Signature of Staff Counselor 	E. Palmeter, MLT Phlebotomist FCC Allenwood
Date: 6-74-16		

Inmate Name: PINSON, JEREMY	
Register No.: 16267-064	
Institution	

USP Allenwood - ALP

File in the Medical Record: Section 6.

EIV Post Counseling Documentation

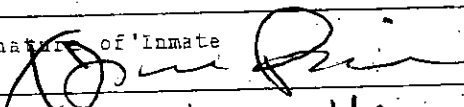
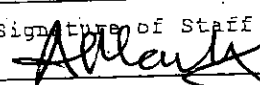
Seronegative

1. Explain purpose of session.
2. Review confidentiality.
3. Test Information
 - a. Inform patient of negative test result.
 - b. Explain purpose of test.
 - c. Identify remaining risks.
 - d. Explain inability of test to detect early infections. (false negatives)
4. Explain risk reduction behaviors (high risk)
5. Discuss follow-up testing (high risk)
6. Give additional education material if requested.
7. Patients Reactions/Level of Understanding/Comments

A. Martinez, RN
FCC Allenwood

JUN 20 2016

The above information has been explained to me in a language I can understand.

Signature of Inmate 	Signature of Staff Counselor 
Date: 6-20-16	

Inconclusive Test: (neither seronegative or seropositive)

1. Explain purpose of session.
2. Confidentiality review.
3. Test Information
 - a. Inform patient of inconclusive test results.
 - b. Explain meaning of test results.
 - c. Identify remaining risks.
4. Explain risk reduction behaviors.
5. Discuss when and how repeat testing will occur.
6. Patients Reaction/Level of Understanding/Comments

The above information has been explain to me in a language I can understand.

Signature of Inmate	Signature of Staff Counselor
Date:	

PDF

Prescribed by P6190

This Form Replaces BP-S489.061 Dtd APR 99

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: PINSON, JEREMY

Reg #: 16267-064

Complex ALX

Date of Birth: 02/06/1986

Sex: M

Consultation/Procedure Requested: Specialty Procedure - In house

Subtype: Ultrasound Technician

Reason for Request:

in-house us

The consultation request submitted by Craig, Charles PA-C on 06/21/2016 for Specialty Procedure - In house, Ultrasound Technician was Approved on 06/22/2016.

Comments:

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: PINSON, JEREMY

Reg #: 16267-064

Complex ALX

Date of Birth: 02/06/1986

Sex: M

Consultation/Procedure Requested: Specialty Procedure - In house

Subtype: Ultrasound Technician

Reason for Request:

in-house us

The consultation request submitted by Craig, Charles PA-C on 06/21/2016 for Specialty Procedure - In house, Ultrasound Technician was Approved on 06/22/2016.

Comments:

SHU ✓

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: PINSON, JEREMY VAUGHN	Reg #: 16267-064	Complex: ALX
Date of Birth: 02/06/1986	Sex: M	

Consultation/Procedure Requested: Urology**Subtype:** Urology In-House exam**Priority:** Routine**Target Date:** 06/17/2016**Reason for Request:**

In-house urology

Provisional Diagnosis:

In-house urology follow up. Inmate returned from Evangelical Hospital S/P surgical removal of FB in scrotum. Rec for meds and follow up with urology in 1-2 weeks.
Will have him seen by urology in-house for follow up apt.

Medications (As of 06/16/2016)

Albuterol Inhaler HFA (6.7 GM) 90mcg Exp: 03/23/2017 SIG: shake well and Inhale 2 puffs by mouth four times daily as needed ***pill line***

Bacitracin/Polymyxin B oint 14.17GM Exp: 06/19/2016 SIG: Apply a small amount topically to the affected area(s) twice daily

clonazepam 0.5 MG Tab UD Exp: 07/08/2016 SIG: Take one tablet (0.5 MG) by mouth twice daily (with 1mg =1.5mg) *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***crush/empty*** ***pill line***

clonazepam 1 MG Tab UD Exp: 07/08/2016 SIG: Take one tablet (1 MG) by mouth twice daily (with 0.5mg tab =1.5mg) ***crush/empty*** *consent form on file * 3/24/16 ***non-formulary approved*** exp 6/6/17 ***pill line***

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 10/23/2016 SIG: Take one capsule (60 MG) by mouth every day *consent form on file * 3/23/16 ***self carry*** ***pill line***

Estradiol 2 MG Tab Exp: 10/10/2016 SIG: Take one tablet by mouth two times a day ***non-formulary approved*** exp 4/8/17 ***pill line***

Mometasone Furoate Inhal 220 MCG/Inh (60 doses) Exp: 03/22/2017 SIG: Inhale 2 puffs by mouth twice daily - rinse mouth after use

OXcarbazepine 300 MG Tab Exp: 10/31/2016 SIG: Take one tablet (300 MG) by mouth two times a day for seizures ***pill line*** ***pill line***

Perphenazine 8 MG Tab Exp: 09/19/2016 SIG: Take one tablet by mouth each evening *Consent form on file * 10/16/14 ***pill line*** ***pill line***

Pregabalin 100 MG Cap UD Exp: 07/06/2016 SIG: Take two capsules (200 MG) by mouth twice daily ***Do Not Crush*** **Open capsule and float in water ** ***non-formulary approved*** exp 11/5/16 ***pill line***

Spirolactone 25 MG Tab Exp: 03/17/2017 SIG: Take one tablet by mouth two times a day ***pill line*** ***Do Not Crush*** ***pill line*** ***pill line***

Sulfamethoxazole/Trimeth 800mg /160mg tab Exp: 06/21/2016 SIG: Take one tablet by mouth two times a day for 14 days ***pill line*** ***pill line***

Trihexyphenidyl 2 MG Tab Exp: 09/19/2016 SIG: Take two tablets (4 MG) by mouth twice daily ***pill line***

Allergies (As of 06/16/2016)

Potassium Chloride, Fish-derived Products, Peanut-containing Drug Products, Shellfish-derived Products, Bently

Health Problems (As of 06/16/2016)

Seizure disorder, other convulsions, Asthma, unspecified, Regular astigmatism, Other specified idiopathic peripheral neuropathy, Antisocial Personality Disorder, Ocular hypertension, Gender Dysphoria In Adolescents And Adults, Unspecified Anxiety Disorder, History of other injury, Transgender, validated male to female, Abdominal pain, Irritable bowel syndrome, Other fatigue, Foreign body in genitourinary tract

Inmate Requires Translator: No **Language:**

Additional Records Required:**Comments:****Requested By:** Buschman, Brian MD

O U E N

S- asked to see pt. was at Evan Hospital to be evaluated for foreign body placed in his scrotum. Said he placed a paper clip in his testis and has swelling and pain. Had a foreign body removed from scrotum - incision left open. Also flushed several foreign bodies.

O- incision in inferior aspect of scrotum essentially closed. No obvious scrotal swelling of skin no skin thickening. Left testis felt normal to palpation without obvious swelling or pain expression from the intimate. Epididymus normal to palpation. Right testis and epididymus normal to palpation.

A- SP foreign body removal from scrotum
 2 left testis felt without physical exam evidence of any abnormality.

P- Scrotal ultrasound

Ibuprofen 600mg po q 6h prn.
 Ice pack to scrotum prn

E. Hight
 6/17/16

C. Craig, PA-C
 USP Allenwood
 JUN 20 2016

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	06/21/2016 13:12 EST	Race:	WHITE
		Facility:	ALP

Reviewed by Santos, Elizabete DO FACP, Clinical Director on 06/21/2016 14:37.

C



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name	PINSON, JEREMY	Facility	USP Allenwood	Collected	06/14/2016 10:27
Reg #	16267-064	Order Unit	SPG Unit	Received	06/15/2016 10:28
DOB	02/06/1986	Provider	B. Wood, PA-C	Reported	06/15/2016 13:03
Sex	M			LIS ID	167161265

CHEMISTRY

Sodium	L	136	137-148	mmol/L
Potassium		4.6	3.5-5.0	mmol/L
Chloride		100	99-114	mmol/L
CO2		24	22-30	mmol/L
BUN		9	7-22	mg/dL
Creatinine		0.77	0.66-1.25	mg/dL
eGFR (IDMS)		>60		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium		9.5	8.5-10.9	mg/dL
Glucose		94	70-110	mg/dL
AST		30	11-55	U/L
ALT		30	11-66	U/L
Alkaline Phosphatase		45	41-133	U/L
Bilirubin, Total		0.8	0.2-1.3	mg/dL
Total Protein		6.7	6.0-8.2	g/dL
Albumin		3.8	3.6-5.1	g/dL
Globulin		2.9	2.0-3.7	g/dL
Alb/Glob Ratio		1.30	1.00-2.30	
Anion Gap		11.9	9.0-19.0	
BUN/Creat Ratio		11.8	5.0-30.0	

HEMATOLOGY

WBC	L	3.7	4.3-11.1	K/uL
RBC	L	4.22	4.46-5.78	M/uL
Hemoglobin	L	13.3	13.6-17.6	g/dL
Hematocrit	L	39.9	40.2-51.4	%
MCV		94.4	82.5-96.5	fL
MCH		31.5	27.1-34.9	pg
MCHC		33.4	33.0-35.0	g/dL
RDW		12.9	12.0-14.0	%
Platelet		167	130-374	K/uL
MPV	H	10.6	6.9-10.5	fL
Neutrophils %		55.1		%
Lymphocytes %		33.0		%
Monocytes %		10.0		%
Eosinophils %		1.2		%

Therapeutic decision making should be based on absolute values, rather than percentages

C. Craig, PA-C
USP Allenwood
JUN 24 2016

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 06/14/2016 10:27
Reg # 16267-064	Order Unit SPG Unit	Received 06/15/2016 10:28
DOB 02/06/1986	Provider B. Wood, PA-C	Reported 06/15/2016 13:03
Sex M		LIS ID 167161265

HEMATOLOGY

Basophils %	0.7	%
Neutrophils #	2.0	1.9-6.7 K/uL
Lymphocytes # L	1.2	1.3-3.7 K/uL
Monocytes #	0.4	0.3-1.1 K/uL
Eosinophils #	0.0	0.0-0.5 K/uL
Basophils #	0.0	0.0-0.1 K/uL

HEPATITIS

Hep B surface Ag	Negative	Negative
Hep B surface Ab A	Positive	Negative
Hep C Ab	Negative	Negative

C. Craig, PA-C
USP Allenwood
JUN 24 2016

FLAG LEGEND

L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	06/21/2016 13:10 EST	Race:	WHITE
		Facility:	ALP

Reviewed by Santos, Elizabete DO FACP, Clinical Director on 06/21/2016 14:31.

Laboratory Corporation of America

Raritan, NJ 08869-1800

Phone: **800-631-5250**

Specimen Number 166-042-4931-0		Patient ID 16267-064		Control Number EHG37501325	Account Number 37501325	Account Phone Number 570-547-0963	Route 00
PINSON Patient Last Name JEREMY Patient First Name Patient Middle Name Patient SS# Patient Phooe Total Volume Age (Y/M/D) 30/04/08 Date of Birth 02/06/86 Sex M Fasting				Account Address			
				USP Allenwood Att Health Svcs James Potope Rte 15 2M PO Box 2500 WHITE DEER PA 17887			
				Additional Information			
				Patient Address Date and Time Collected 06/14/16 09:30 Date Entered 06/15/16 Date and Time Reported 06/15/16 10:09ET			
				Physician Name	NPI	Physician ID BUSCHMAN	

Tests Ordered

Testosterone, Serum; Estradiol

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

Testosterone, Serum

Testosterone, Serum

966

ng/dL

348 - 1197

01

Comment:

Adult male reference interval is based on a population of lean males up to 40 years old.

Estradiol

83.6

High

pg/mL

$$7.6 - 42.6$$

01

Roche ECLIA methodology

01	RN	LabCorp Raritan	Dir: Araceli B Reyes, MD
		69 First Avenue, Raritan, NJ 08869-1800	
For inquiries, the physician may contact			Branch: 800-631-5250 Lab: 800-631-5250

LCDR Brian Buschman, MD
JUN 15 2016
~~FCG~~ Allenwood

6-15-46
Chang

PINSON, JEREMY	16267-064	166-042-4931-0	Seq # 8469
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06/15/16 10:09 ET

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call **800-631-5250**

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DOC1 Ver: 1.49

Ex. 3, Attach. A, p. 405

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: PINSON, JEREMY	Reg #: 16267-064	Complex ALX
Date of Birth: 02/06/1986	Sex: M	

Consultation/Procedure Requested: Urology

Subtype: Urology In-House exam

Reason for Request:

In-house urology

The consultation request submitted by Buschman, Brian MD on 05/26/2016 for Urology, Urology In-House exam was Approved on 06/09/2016.

Comments:

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: PINSON, JEREMY

Reg #: 16267-064

Complex ALX

Date of Birth: 02/06/1986

Sex: M

Consultation/Procedure Requested: Urology

Subtype: Urology In-House exam

Reason for Request:

In-house urology

The consultation request submitted by Buschman, Brian MD on 05/26/2016 for Urology, Urology In-House exam was Approved on 06/09/2016.

Comments:

Patient Facesheet
EVANGELICAL COMMUNITY HOSPITAL
 ONE HOSPITAL DRIVE
 LEWISBURG, PA 17837
 (570)522-2000

Outpatient Registration
ONE DAY SURGERY

Patient Information

Acc#: 9780358
 Admit Date/Time: 05/25/2016 14:39

M.R#: 362276
 Discharge Date/Time: 05/25/2016 20:50

F/C: L

Room/Bed: ODS-OD19

Name: PINSON, JEREMY V

Mailing Address: PO BOX 3000
 City: WHITE DEER
 Sex: M DOB: 02/06/1986

Age: 30 Y

State: PA
 M/S: UNKNOWN

Zip: 17887
 S.S#: 000-00-0000

Phone: (570)547-0963
 Religion UNAVAILABLE

Employer Name: UNKNOWN

Address:

City:

State:

Zip:

Phone:

Admitting Physician: DARSHAN BHANGDIA MD
 Family Physician: BRIAN BUSCHMAN MD
 Consulting Physician(s): ISOKEN OSUNDE MD
 STEVE SHIELDS CRNA
 SANDRA WALKER CRNA

Attending Physician: DARSHAN BHANGDIA MD

Diagnosis/Chief Complaint: PENILE INJURY

Guarantor Information

Name: PINSON, JEREMY V
 Address: PO BOX 3000
 City: WHITE DEER

Relationship:

State: PA

Zip: 17887

Phone: (570)547-0963

Employer Name:

Address:

City:

State:

Zip:

Phone:

Emergency Information

Name: UNCONFIRMED,
 Home Phone #:

Relationship:
 Work Phone #:

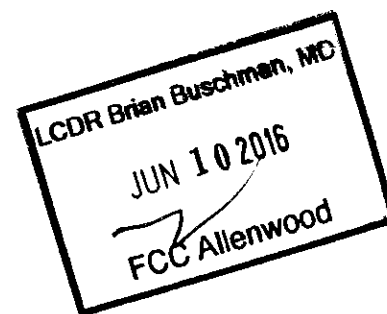
Insurance Information

Primary Payor
 Name: PRISON ALLENWOOD USP
 Bill To: PRISON ALLENWOOD USP
 SEVEN CORNERS - BOP DIV
 PO BOX 3384
 CARMEL, IN 46082

Secondary Payor

Tertiary Payor

Employer: UNKNOWN
 Policy Holder: PINSON, JEREMY V
 Relationship: SELF
 Insured DOB: 02/06/1986
 Group #: 16267064
 Policy #: 16267064
 Percent #: 16267064
 MCaid/PCP #:



C. Craig, PA-C
 USP Allenwood

JUN 10 2016

Quantitative**EVANGELICAL COMMUNITY HOSPITAL****Lewisburg, PA**Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 38Y**Attd Dr: **BHANGDIA
MD DARSHAN**

Pat Ind:

Result Detail(APTT PRTL THRM BPLSN TM)

Test	Result	Normal Range	Unit
APTT	26.0	21.6-34.8	Seconds

Quantitative

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 382278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD DARSHAN

Pat Ind:

Result Detail(PROTHROMBIN TIME)

Test	Result	Normal Range	Unit
PT Stago	12.7	12.3-14.3	Seconds
INR	0.9	0.9-1.2	

Proposed Therapeutic ranges for non-operative patients:

Clinical State Range

Prophylaxis / treatment of venous thrombosis 2.0 - 3.0

Treatment of pulmonary embolism 2.0 - 3.0

Prevention of systemic embolism from:

- tissue heart valves 2.0 - 3.0

- acute myocardial infarction 2.0 - 3.0

- valvular heart disease 2.0 - 3.0

- atrial fibrillation 2.0 - 3.0

Prevention of recurrent myocardial infarction 2.5 - 3.5

Mechanical prosthetic valves (high risk) 2.5 - 3.5

Normal Population Mean 13.3 Seconds

***Please note change in Normal Population Mean effective 12/23/2014

Quantitative**EVANGELICAL COMMUNITY HOSPITAL**

Lewisburg, PA

Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA
MD DARSHAN**

Pat Ind:

Result Detail(CBC W/ PLATELETS)

Test	Result	Normal Range	Unit
Hemagram			
White Cell Count	5.0	4.0-10.5	X 10 ³
Red Cell Count	4.40 ↓	4.70-6.00	X 10 ⁶
Hemoglobin	13.9	13.5-18.0	g/dl
Hematocrit	40.7 ↓	42.0-52.0	%
MCV	92.7	78.0-100.0	fl
MCH	31.6 ↑	27.0-31.0	pg
MCHC	34.1	32.5-36.0	g/dl
RDW	13.0	11.5-14.0	%
Platelet Count	155	150-450	X 10 ³
MPV	9.4	6.5-9.5	fl
Diff, Auto			
NEUT%	69.2 ↑	37.0-63.0	%
Lymph %	19.2 ↓	33.0-37.0	%
MONO%	10.4 ↑	0.0-9.0	%
EOS%	0.8	0.0-7.0	%
BASO%	0.4	0.0-1.0	%
NEUT#	3.4		X 10 ³
Lymph #	1.0		X 10 ³
MONO#	0.5		X 10 ³
EOS#	0.0		X 10 ³
BASO#	0.0		X 10 ³
Nucleated RBC%	0.0		%

Quantitative

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD DARSHAN

Pat Ind:

Result Detail(COMPREHENSIVE METABOLIC PANEL)

Test	Result	Normal Range	Unit
Electrolytes			
Sodium	142	137-145	mmol/l
Potassium	4.5	3.5-5.1	mmol/l
Chloride	106	98-107	mmol/l
CO2	28	22-30	mmol/l
Anion Gap	13	10-20	mmol/l
BUN	11	7-20	mg/dl
Estimated GFR			
Creatinine	0.7	0.7-1.3	mg/dl
GFR - White	133		
GFR - Black	161		
BUN / Creat Ratio	15.7	12.0-20.0	
Glucose	92	74-106	mg/dl
Calcium	9.3	8.4-10.2	mg/dl
AST / SGOT	18	17-59	u/l
Alk Phos	42	38-126	u/l
ALT / SGPT	22	21-72	u/l
Bilirubin, Total	0.53	0.20-1.30	mg/dl
Protein, Total	6.3	6.3-8.2	g/dl
Albumin	3.7	3.5-5.0	g/dl
Globulin	2.6	1.6-3.6	g/dl
ALB/GLOB Ratio	1.4	1.0-2.4	

Quantitative**EVANGELICAL COMMUNITY HOSPITAL**

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MD DARSHAN**

Pat Ind:

Result Detail(LIPASE)**Test**

Lipase

Result

48

Normal Range

23-300

Unit

u/l

Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL****Lewisburg, PA**Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA**

Pat Ind:

**MD
DARSHAN****Exam Name: XR PELVIS 1V******Exam:****Abdomen, one view****Pelvis one view****HISTORY: 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation****COMPARISON: None****Results:**

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

QTMRWS08

Electronically signed by BARRY-LANE,MD PATRICIA

Transcribed by DICTAPHONE at 05/25/2016 16:19

Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL**

Lewisburg, PA

Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA
MD
DARSHAN**

Pat Ind:

Exam Name: XR ABDOMEN 1 VIEW**Exam:****Abdomen, one view****Pelvis one view****HISTORY:** 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation**COMPARISON:** None**Results:**

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

QTMROWS08

Electronically signed by BARRY-LANE,MD PATRICIA

Transcribed by DICTAPHONE at 05/25/2016 16:19

Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL**

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MD
DARSHAN**

Pat Ind:

Exam Name: CT ABDOMEN PELVIS WO IV - WO ORAL

Unenhanced abdomen and pelvis CT 5/25/2016

INDICATION: Reported ingestion of sharp plastic objects. Recent scrotal trauma with informed body insertion.

Axial 5 mm sections performed through the abdomen and pelvis and no similar comparisons.

Abdomen CT

No infiltrates or effusions at imaged lung bases. No gross mass, organomegaly, or other lesions of the liver, spleen, pancreas, adrenal glands, or kidneys. No renal or ureteral calculi or acute obstructive uropathy. Imaged lower osseous thorax and lumbar spine unremarkable.

Midline anterior abdominal wall changes suggesting previous surgical incision abdominal aorta unremarkable. No other mass, adenopathy, fluid, pneumoperitoneum, grossly abnormal bowel loops, or inflammatory changes.

No ingested radiopaque objects or other suspicious asymmetries.

Pelvis CT

No evidence of acute appendicitis or other grossly abnormal bowel loops. No other mass, adenopathy, ascites, or hemorrhage. No radiopaque bowel intraluminal objects or other suspicious asymmetries. There is a linear radiopaque object partially imaged approximately midline posterior aspect of the scrotum. Cephalad termination is just to the left of the right testicle and posterior to the distal aspect of the left spermatic cord. There may be a small gas collection between the spermatic cord and testicle near this termination. Distal termination of the object is not imaged.

IMPRESSION:

1. No radiopaque or otherwise asymmetric bowel intraluminal foreign bodies or other suspicious asymmetries.
2. Linear radiodense object possibly inserted foreign body midline posterior aspect of the scrotum as above partially imaged.
3. No other mass, adenopathy, pneumoperitoneum, abscess, or other suspicious collections.

Electronically signed by James O'Brien, MD on 5/25/2016 4:45 PM

ECHRWS03

Electronically signed by JAMES S O'BRIEN, MD

Transcribed by DICTAPHONE at 05/25/2016 16:45

Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: **PINSON, JEREMY V**

Type: **O-ODS**

Med Rec #: **362278**

Patient #: **1-9780358-1**

Admit Date: **05/25/2016**

Adm Dr: **BHANGDIA MD DARSHAN**

Sex: **M**

DOB: **02/06/1986 30Y**

Attd Dr: **BHANGDIA**

Pat Ind:

**MD
DARSHAN**

Exam Name: SURGICAL PATHOLOGY REPORT

CASE: S-16-04032

PATIENT: JEREMY PINSON

DIAGNOSIS

FOREIGN BODY, SCROTUM:

Paperclip (Gross diagnosis only).

PRE-OPERATIVE DIAGNOSIS

Foreign body in scrotum

OPERATION

Exploration scrotum

TISSUE SUBMITTED

Paper clip from scrotum

GROSS DESCRIPTION

The specimen is received fresh in one container labeled with the name "Jeremy Pinson; DOB 2/06/1986" and the site "paper clip from scrotum" and consists of a roughly L-shaped portion of silver metal characteristic of a straightened paper clip. The sides of the L measure 5.0 cm and 3.5 cm in length and measures 0.1 cm in diameter. Gross examination only. (pbw)

Final Diagnosis performed by

Sonia Y Newton MD

Electronically signed 5/26/2016 3:00:29PM

Non Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL**

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA

Pat Ind:

MD

DARSHAN

Exam Name: ER Nursing Notes**Nurse's Notes**

Evangelical Community Hospital

Name: JEREMY PINSON

Age: 30 yrs

Sex: Male

DOB: 02/06/1986

MRN: 362278

Arrival Date: 05/25/2016

Time: 14:39

Account#: 9780358

Bed 19

Private MD:

Presentation:

05/25

14:41 Presenting complaint: EMS states: 1200 TOOK AN UNKNOWN AMOUNT OF MULTIPLE UNKNOWN MEDICATIONS. TOOK RAZOR BLADES CUT LEFT AC (STITCHED BY PRISON DOCTOR), 2 LACERATIONS TO BACK OF HEAD (1 STAPLED BY PRISON DOC), MINOR LACERATIONS TO LEGS. THEN TOOK RAZOR BLADES AND MADE AN INCISION ON BACK OF SCROTUM AND PUT THEM IN HIS SCROTUM; ALSO PUT PAPER CLIPS IN SCROTUM AS REPORTED BY CELLMATE IN AN ATTEMPT TO CUT OFF SCROTUM TO BECOME A FEMALE. THIS ALSO HAS SUTURES PLACED BY PRISON DOC TEMPORARILY. Date of onset: Today. Time of onset: 12:00. This is a sudden illness. Transition of care: PRISON. Care prior to arrival: EMS report: NS lock 18 gauge Site right antecubital area prehospital medication(s) include(s), Normal Saline Bolus, 1000ml.

14:41 Method Of Arrival: EMS Ground ALS: MEDIC 291 W/ AMB 12 me

14:41 Acuity: ESI 2 me

Triage Assessment:

14:41 General: Appears in no apparent distress, calm, Behavior is appropriate for age, me cooperative, Oriented X 3.

Historical:

- Allergies: Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bently;

- Home Meds:

1. albuterol sulfate 90 mcg/actuation inhalation aepb 2 puffs every 4 hours as needed
2. clonazepam 0.5 mg oral tab 1 tab 2 times per day
3. duloxetine 60 mg oral cpDR 1 cap once daily
4. estradiol 1 mg oral tab 1 tab twice a day
5. mometasone 220 MCG nasal 2 sprays twice a day
6. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
7. perphenazine 8 mg oral tab 1 tab daily
8. pregabalin 100 mg oral cap 2 caps 2 times per day
9. spironolactone 25 mg oral tab 1 tab 2 times per day
10. trihexyphenidyl 2 mg oral tab 2 tabs 2 times per day

- PMHx: OCULAR HTN; ASTHMA; SEIZURES; ANXIETY; ANTISOCIAL PERSONALITY DISORDER;
IRRITABLE BOWEL SYNDROME; SELF HARM;

- Immunization history:: Last tetanus immunization: <10 years ago Pt has received
influenza vaccine for this season.

- Social history: The patient lives in prison at USP Allenwood, Smoking status:
Patient/guardian denies using tobacco, never smoked.

- Travel history: Patient has not traveled out of the country in the last 21 days.

- : Current meds were reviewed at this encounter WITH PRISON LIST.

Screening:

14:41 Abuse screen: Denies threats or abuse. Nutritional screening: No deficits noted. me

Tuberculosis screening: No symptoms or risk factors identified. Fall risk None
identified.

Assessment:

14:59 See Triage Assessment, same nurse. Derm: Decubitus not assessed- mobile patient. me

15:37 Pain: Denies pain. General: PATIENT TOLD THIS NURSE THAT HE SHARPENED PIECES OF PLASTIC me
FROM A BIC PEN. THEN PROCEED TO SWALLOW THEM. STATED THAT HE IS TRYING TO KILL HIMSELF.

16:10 Pain: Complains of pain in SCROTUM AND ABD. General: Appears in no apparent distress, me
calm, Behavior is appropriate for age, cooperative, quiet, Oriented X 3.

17:05 General: Appears in no apparent distress, calm, Behavior is appropriate for age, me
cooperative, quiet.

Vital Signs:

14:41 BP 140 / 98; Pulse 91; Pulse Ox 99% on R/A; me

14:41 BP 124 / 70; Pulse 92; Pulse Ox 98% on R/A; me
16:10 BP 112 / 65; Pulse 76; Resp 19; Pulse Ox 98% on R/A; me
16:43 BP 116 / 67; Pulse 80; Resp 15; Pulse Ox 98% on R/A; me
17:05 BP 130 / 67; Pulse 83; Resp 12; Pulse Ox 96% on R/A; me
17:48 BP 120 / 76; Pulse 76; Resp 10; Pulse Ox 96% on R/A; me

Vitals:

14:41 A current weight was recorded for this encounter. me

Dispensed Medications:

17:03 Drug: morphine 4 mg(s); Route: IVP; Site: right forearm; me
17:21 Follow up: Response: Pain is decreased; Pain is decreased. 4/10 me
17:22 Drug: Ancef 2 gram(s); {Note: NOT ADMINISTERED IN ER. AT BEDSIDE FOR WHEN PATIENT GOES me
TO THE OR..} Route: IVPB; Site: right forearm;
17:48 Follow up: IV Status: Infusion continued upon admit; Infusion continued upon admit. ON me
HOLD FOR OR.

Interventions and Observations:

14:39 Patient arrived in ED. drz
14:49 Triage completed. me
14:59 Placed in gown. Bed in low position. Call light given to patient Side rails up X2. me
15:49 Pelvis, Routine Sent. nca
15:49 KUB Sent. nca
16:28 CT Abd, Pelvis -IV / -PO Sent. fdb
16:58 Labs drawn (by ED staff). sh1
17:01 CBC W/ Platelets Sent. sh1
17:01 Chem-12 Sent. sh1
17:01 Lipase Sent. sh1
17:01 aPTT, Sent. sh1
17:01 Prothrombin Time Sent. sh1
17:21 EKG done. (by ED staff). FOR PRE OP, SENT WITH CHART TO OR. sh1
17:25 I assumed care of this patient for entire stay. me
17:25 No procedures done that require assistance. me

Outcome:

16:54 Admit ordered by MD. pdd
17:25 The patient has been informed of the need for admission to the hospital to continue me

treatment. RN reviewed LPN Documentation and I agree.

18:04 . Admitted to OR via stretcher, Other WITH ANESTHESIST AND OR TECH. me

18:04 Patient left the ED. me

Signatures:

Hertzler, Sue, LPN LPN sh1

Fry, Marissa, RN RN me

Bechdel, Forrest, Rad Rad fdb

Zimmerman, Diane, Reg Reg drz

Anderson, Natalia, Rad Rad nca

Dacquel, Patrick, DO DO pdd

By: MEDHOST (DO NOT REMOVE) at 05/26/2016 18:11

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Non Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD
DARSHAN

Pat Ind:

Exam Name: Operative Report

Final upon physician signature

DATE OF OPERATION: 05/25/2016

PREOPERATIVE DIAGNOSIS: TRAUMATIC INSERTION OF PAPERCLIP INTO SCROTUM.

POSTOPERATIVE DIAGNOSIS: TRAUMATIC INSERTION OF PAPERCLIP INTO SCROTUM.

OPERATION: SCROTAL EXPLORATION.

REMOVAL OF PAPERCLIP.

SURGEON: Darshan K. Bhangdia, M.D.

ANESTHESIA: General

COMPLICATIONS: None

ESTIMATED BLOOD LOSS: Minimal

SPECIMEN: Paper clip

OPERATIVE FINDINGS: The patient is a 30-year-old prisoner who today presents to the Emergency Room after making a small incision in the scrotum and inserting a paperclip into the scrotum. He also had other cuts and scrapes which were sutured up. He underwent a CAT scan which showed that the paperclip was in the scrotum and not into the deeper down tissues. Therefore, he was scheduled for surgical removal of the paperclip. GAR consent was obtained.

OPERATIVE PROCEDURE: The patient was identified in the hallway by me. He was then brought into the operating room and again identified. After general anesthesia was provided, he was placed in the dorsolithotomy position. His scrotum was prepped and draped in a standard surgical fashion. We felt the paperclip. There was a small 1 cm laceration in the upper portion of the scrotum. This was irrigated copiously. We then made a small incision in the inferior portion of the scrotum, manipulated the paperclip into that incision that we made and grasped it, removed it and passed it off the table as specimen. I irrigated copiously both incisions with 1 liter of saline solution. At this point we obtained hemostasis in the lower portion and put three interrupted #3-0 chromic sutures there. We left the upper incision open since it was made in the prison with a razor blade. At this point the area was cleaned and dried. A dressing was applied. Sponge, needle and instrument counts were correct at the end of the case. The patient was awoken. He tolerated the procedure well and was taken to the recovery room in stable condition.

Darshan K. Bhangdia, MD

DKB/tsf

05/25/2016 18:46:18/05/26/2016 10:46:55

cc:

—

Transcribed by **DICTAPHONE** at **05/25/2016 18:46**

By: **DICTAPHONE** at 05/25/2016 18:46

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Non Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL**

Lewisburg, PA

Name: PINSON, JEREMY V	Type: O-ODS	Adm Dr: BHANGOIA MD DARSHAN
Med Rec #: 362278	Patient #: 1-9780358-1	Admit Date: 05/25/2016
Sex: M	DOB: 02/06/1986 30Y	Attd Dr: BHANGDIA MD DARSHAN
		Pat Ind:

Exam Name: Emergency Room**Physician Documentation**

Evangelical Community Hospital

Name: JEREMY PINSON

Age: 30 yrs

Sex: Male

DOB: 02/06/1986

MRN: 362278

Arrival Date: 05/25/2016

Time: 14:39

Account#: 9780358

Bed 19

Private MD:

HPI:

05/25

17:48 30-year-old male with past medical history of asthma as well as multiple psychiatric pdd disorders presents in police custody for suicide attempt. Patient states that he used a razor blade to make multiple lacerations and to cut his scrotum. Patient states that he inserted razor blades and paperclips into his scrotum. Also states that he swallowed sharp pieces of glass, which she has done prior that resulted in bowel perforation and surgery. Denies any abdominal pain at this point. Tetanus shot is up-to-date..

Historical:

Allergies: Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bontyl;

- Home Meds:

1. albuterol sulfate 90 mcg/actuation inhalation ae pb 2 puffs every 4 hours as needed
2. clonazepam 0.5 mg oral tab 1 tab 2 times per day
3. duloxetine 60 mg oral cpDR 1 cap once daily
4. estradiol 1 mg oral tab 1 tab twice a day
5. mometasone 220 MCG nasal 2 sprays twice a day
6. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
7. perphenazine 8 mg oral tab 1 tab daily
8. pregabalin 100 mg oral cap 2 caps 2 times per day

IRITABLE BOWEL SYNDROME; SELF HARM;

IRRITABLE BOWEL SYNDROME; SELF HARM;

- Immunization history:: Last tetanus immunization: <10 years ago PI has received influenza vaccine for this season.

- Social history: The patient lives in prison at USP Allenwood, Smoking status:

Patient/guardian denies using tobacco, never smoked.

- Travel history: Patient has not traveled out of the country in the last 21 days.

- : Current meds were reviewed at this encounter WITH PRISON LIST.

ROS:

17:49 Constitutional: Negative for fever, chills, and weight loss, lethargy Eyes: Negative pdd

for injury, pain, redness, and discharge, visual disturbance ENT: Negative for injury,

pain, and discharge, Neck: Negative for injury, pain, and swelling, stiffness

Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative

for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI:

Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back:

Negative for injury and pain, Neuro: Negative for headache, weakness, numbness,

tingling, and seizure. GU: Positive for Scrotal incision and foreign body..

MS/extremity: Positive for Multiple lacerations.. Psych: Positive for suicide gesture, suicidal ideation.

Vital Signs:

14:41 BP 140 / 98; Pulse 91; Pulse Ox 99% on R/A; me

14:41 BP 124 / 70; Pulse 92; Pulse Ox 98% on R/A; me

16:10 BP 112 / 65; Pulse 76; Resp 19; Pulse Ox 98% on R/A; me

16:43 BP 116 / 67; Pulse 80; Resp 15; Pulse Ox 98% on R/A; me

17:05 BP 130 / 67; Pulse 83; Resp 12; Pulse Ox 96% on R/A; me

17:48 BP 120 / 76; Pulse 76; Resp 10; Pulse Ox 96% on R/A; me

Exam:

17:50 Constitutional: This is a well developed, well nourished patient who is awake, alert, pdd and in no acute distress.

Head/Face: Normocephalic, atraumatic.

Eyes: PERRLA, EOMI, normal sclera, no evidence of conjunctivitis.

ENT: TM's normal with no erythema. EAC's clear. Normal nasal mucosa with no erythema,

no lesions and no discharge. Nostrils are patent with no septal deviation. Post pharynx with no erythema, no exudate and no evidence of obstruction.

Neck: Supple. Trachea midline. Normal thyroid with no lymphadenopathy or masses. Normal ROM with no evidence of vertebral point tenderness. No meningismus is appreciated.

Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated.

Cardiovascular: Normal heart sounds with no murmurs, rubs, or gallop. Normal PMI. No JVD. No pulse deficits.

Respiratory: CTA with excellent breath sounds in all fields. Symmetrical chest wall movement with no wheezing, rales, or rhonchi.

Neuro: CN 2-12 grossly intact. Intact motor and sensory throughout. Normal cerebellar function. Mental status is appropriate with normal response. Normal gait.

17:50 Psych: Awake, alert, with orientation to person, place and time. Behavior, mood, and pdd affect are within normal limits.

17:50 Abdomen: Normal except well healing midline incision.

17:50 Back: Exam negative for

17:50 GU: Normal except small 0.5cm anterior scrotal incision with palpable FB

17:50 Musculoskeletal/extremity: sutured left AC laceration and left anterior shin laceration.

Dispensed Medications:

17:03 Drug: morphine 4 mg(s); Route: IVP; Site: right forearm; me

17:21 Follow up: Response: Pain is decreased; Pain is decreased. 4/10 me

17:22 Drug: Ancef 2 gram(s); (Note: NOT ADMINISTERED IN ER. AT BEDSIDE FOR WHEN PATIENT GOES me TO THE OR..) Route: IVPB; Site: right forearm;

17:48 Follow up: IV Status: Infusion continued upon admit; Infusion continued upon admit. ON me HOLD FOR OR.

Medication Name: albuterol sulfate 90 mcg/actuation; Dose/Strength: 2 puffs; Frequency: every 4 hours as needed; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: clonazepam 0.5 mg; Dose/Strength: 1 tab; Frequency: 2 times per day; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: duloxetine 60 mg; Dose/Strength: 1 cap; Frequency: once daily; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: estradiol 1 mg; Dose/Strength: 1 tab; Frequency: twice a day; Last

Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: mometasone 220 MCG ; Dose/Strength: 2 sprays; Frequency: twice a day;

Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: oxcarbazepine 300 mg; Dose/Strength: 1 tab; Frequency: 2 times per

day; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: perphenazine 8 mg; Dose/Strength: 1 tab; Frequency: daily; Last Dose

Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: pregabalin 100 mg; Dose/Strength: 2 caps; Frequency: 2 times per day;

Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: spironolactone 25 mg; Dose/Strength: 1 tab; Frequency: 2 times per

day; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

Medication Name: trihexyphenidyl 2 mg; Dose/Strength: 2 tabs; Frequency: 2 times per

day; Last Dose Date/Time: unspecified last dose taken; What is it for?: ;

MDM:

15:24 Patient medically screened. pdd

15:27 Financial registration complete. drz

15:38 Medical Decision Making: FB insertion into scrotum, urology to evaluate. pdd

16:52 ED Course: CT abd negative. Pt to go to OR for scrotal exploration. pdd

17:02 Consents tam1

17:27 Trend Sheet & Strips tlm1

17:43 Consents tam1

17:44 Checklists tam1

18:06 Charge stickers tam1

05/25

16:46 Order name: CBC W/ Platelets; Complete Time: 17:23 pdd

05/25

16:46 Order name: Chem-12; Complete Time: 17:24 pdd

05/25

15:04 Order name: Pelvis, Routine; Complete Time: 16:52 bjc

05/25

16:46 Order name: Lipase; Complete Time: 17:24 pdd

05/25

16:46 Order name: aPTT,; Complete Time: 17:24 pdd

05/25

16:46 Order name: Prothrombin Time; Complete Time: 17:24 pdd

05/25

15:41 Order name: KUB; Complete Time: 16:52 pdd

05/25

16:10 Order name: CT Abd, Pelvis -IV / -PO; Complete Time: 16:52 pdd

05/25

16:46 Order name: morphine 4 mg(s) IVP once pdd

05/25

17:22 Order name: Ancef 2 gram(s) IVPB once; ON HOLD FOR OR. me

05/25

17:23 Order name: EKG - Enter order into Sunrise; Complete Time: 17:24 me

05/25

17:23 Order name: EKG (RN); Complete Time: 17:25 me

Disposition:

05/25/16 16:54 Admit ordered for Bhangdia, Darshan. Preliminary diagnosis are Scrotal foreign body, Arm Laceration.

- Bed requested for Surgical.
- Condition is Good.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Dispatcher MedHost EDMS

Fry, Marissa, RN RN me

Mariano, Treina, UA UA tlm1

Zimmerman, Diane, Reg Reg drz

Milliken, Tabitha, UA UA tam1

Dacquel, Patrick, DO DO pdd

By: MEDHOST (DO NOT REMOVE) at 05/25/2016 18:10

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Non Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD
DARSHAN

Pat Ind:

Exam Name: History and Physical

Code Status:

Code Status:

Code Status FULL CODE

History of Present Illness:

GENERIC HPI:

Chief Complaint Multiple lacerations, scrotal laceration with foreign body insertion

Presenting Symptoms Details Patient is a 30 y/o M with prisoner with PMH of asthma, seizures, multiple psychiatric conditions. Around 11 or 12 this morning his took a razor blade and cut his legs, left anterior cubital region and scrotum. Also a few lacerations to scalp. Also he reports putting a paper clip and 2 portions of a razor blade into the scrotal laceration. Had his arm sutured and head wounds stapled by prison doc but sent to ER for further evaluation. Urology was called concerning the scrotal incision.

An x ray of abdomen and pelvis was done in ER revealing a 8-9 cm scrotal foreign body. Also CT done showing partial view of linear foreign body near right testicle.

He also reported swallowing plastic pieces of Bic pen and had mild abdominal pain but CT reported as no further abnormalities.

Currently patient with scrotal pain with palpation. No difficulty urinating, hematuria, or dysuria

* Outpatient Medication Status not yet specified

Review of Systems:

Review of Systems:

General [-] no chills, no fever

Ears [-] no ear pain

Gastrointestinal [-] no constipation, no diarrhea

Gastrointestinal [+] ABDOMINAL PAIN

Gastrorectal [-] no melena

Genitourinary [-] no dysuria, no hematuria

Neuro [-] no dizziness

Musculoskeletal [-] no back pain

Physical Exam:

Physical Examination:

Vital Signs 140/98, 91, 99% on room air. Respirations- 14

Physical Examination:

General Appearance Comments Alert and oriented laying comfortably in hospital bed.

Skin Comments warm and dry, left antecubital laceration sutured.

Neck and Thyroid Comments supple

Respiratory Comments Normal respiratory effort, clear to auscultation.

Cardiovascular Comments Regular sinus rhythm, S1 normal, S2 normal. No murmur, rub or gallop.

Edema Or Varicosities Comments (-) edema

Gastrointestinal Comments Soft, no tenderness, no masses felt

Genitourinary Comments circumcised penis. Scrotum with anterior laceration (3-4mm).

Foreign body felt within midline of scrotum. Mildly tender to palpation.

Musculoskeletal Comments (-) CVA tenderness

Neurological Comments (+) reported transgender

Results:

DIAGNOSTIC IMAGING AND OTHERS:

CTs:

25-May-2016 16:28, CT Abdomen Pelvis WO IV and WO Oral

CT Abdomen Pelvis WO IV and WO Oral

Unenhanced abdomen and pelvis CT 5/25/2016

INDICATION: Reported ingestion of sharp plastic objects. Recent scrotal trauma with informed body insertion.

Axial 5 mm sections performed through the abdomen and pelvis and no similar comparisons.

Abdomen CT

No infiltrates or effusions at imaged lung bases. No gross mass, organomegaly, or other lesions of the liver, spleen, pancreas, adrenal glands, or kidneys. No renal or ureteral calculi or acute obstructive uropathy. Imaged lower osseous thorax and lumbar spine unremarkable.

Midline anterior abdominal wall changes suggesting previous surgical incision abdominal aorta unremarkable. No other mass, adenopathy, fluid, pneumoperitoneum, grossly abnormal bowel loops, or inflammatory changes.

No ingested radiopaque objects or other suspicious asymmetries.

Pelvis CT

No evidence of acute appendicitis or other grossly abnormal bowel loops. No other mass, adenopathy, ascites, or hemorrhage. No radiopaque bowel intraluminal objects or other suspicious asymmetries. There is a linear radiopaque object partially imaged approximately midline posterior aspect of the scrotum. Cephalad termination is just to the left of the right testicle and posterior to the distal aspect of the left spermatic cord. There may be a small gas collection between the spermatic cord and testicle near this termination. Distal termination of the object is not imaged.

IMPRESSION:

1. No radiopaque or otherwise asymmetric bowel intraluminal foreign bodies or other suspicious asymmetries.
2. Linear radiopaque object possibly inserted foreign body midline posterior aspect of the scrotum as above partially imaged.
3. No other mass, adenopathy, pneumoperitoneum, abscess, or other suspicious collections.

Electronically signed by James O'Brien, MD on 5/25/2016 4:45 PM

Dictated by: James O'Brien MD on May 25, 2016 at 16:38

Electronically Signed by: James O'Brien MD on May 25, 2016 at 16:45

Referring M.D.: Patrick Dacquel DO on May 25, 2016 at 16:10

General Radiology:

25-May-2016 16:07, XR Abdomen 1V

Viewer - Select Icon to view Image --->

XR Abdomen 1V

Exam:

Abdomen, one view

Pelvis one view

HISTORY: 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation

COMPARISON: None

Results:

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

Dictated by: Patricia Barry-Lane MD on May 25, 2016 at 16:17

Electronically Signed by: Patricia Barry-Lane MD on May 25, 2016 at 16:19

Referring M.D.: Patrick Dacquel DO on May 25, 2016 at 15:41

25-May-2016 16:08, XR Pelvis 1V

Viewer - Select Icon to view Image --->

XR Pelvis 1V

Exam:

Abdomen, one view

Pelvis one view

HISTORY: 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation

COMPARISON: None

Results:

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

Dictated by: Patricia Barry-Lane MD on May 25, 2016 at 16:17

Electronically Signed by: Patricia Barry-Lane MD on May 25, 2016 at 16:19

Referring M.D.: Brian Connolly MD on May 25, 2016 at 15:05

25-May-2016 16:28, CT Abdomen Pelvis WO IV and WO Oral

Viewer - Select icon to view image —>

PROBLEM/ASSESSMENT AND PLAN:

Problem 1: Scrotal/ Genital foreign body

Assessment/Plan 1: 1. Will take patient to OR for scrotal exploration/ removal of foreign body. Consent received.

2. NPO except seizure meds.

3. CBC, BMP

4. EKG due to the multiple seizure medications.

5. 2 gram Ancef on call to OR

6. RTC OR from ER for scrotal exploration removal of foreign body.

Problem 2: Seizures

Electronic Signatures:

Albright, David (PA) (Signed 25-May-2016 17:45)

Authored: Code Status, History of Present Illness, ROS, Physical Exam,
Results, Assessment and Plan

Bhangdia, Darshan (MD) (Signature Pending)

Co-Signer: Code Status, History of Present Illness, ROS, Physical Exam,
Results, Assessment and Plan

Transcribed by DICTAPHONE at 05/25/2016 17:45

By: DICTAPHONE at 05/25/2016 17:45

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Pinson, Jeremy V #5900100 (Encounter#: 179848094) (30 year old M) EDGMC-35 (Adm: 06/06/16) PCP: None

Attending Provider: Robert Raymond Cooney, MD

Allergies: **No Known Allergies**

Last verified: 06/06/16

Isolation: None

Code Status: Not on file

Discharge Instructions

PATIENT INSTRUCTIONS SHEET

Emergency Department

GMC-GEISINGER MEDICAL CENTER

100 N Academy Ave

Danville PA 17822

Dept. Phone Number: 570-271-6593

16267-064

Patient Name: JEREMY V PINSON

Date of Service: 6/6/2016

MRN: 5900100

Chief Complaint

Patient presents with

• Self Abuse

You have been seen in the Emergency Department of GMC-GEISINGER MEDICAL CENTER. Please read the instructions below regarding your care.

To were seen here after he ingested objects by mouth and at because you placed objects inside your scrotum. UA evaluate Urology and the object entire scrotum removed.

You were also evaluated by Gastroenterology and they performed an endoscopy to remove the foreign body.

Please follow up with Urology in the next 2-3 weeks for follow-up. Please return if you develop fevers, increased scrotal/testicular pain, or worsening scrotal/testicular swelling.

Continue your current outpatient medications

Discharge Medications New Prescriptions

sulfamethoxazole-trimethoprim DS
(BACTRIM DS) 800-160 MG per tablet

Take 1 Tab by mouth 2 times a day for 14 days.

shea g h

The above instructions were reviewed with Patient/Responsible Party.

Attending Provider: Robert Raymond Cooney, MD

Call 911 or return to the emergency department immediately for any new or worsening symptoms as discussed.

Thank you for allowing us to take care of you. Our goal is to provide excellent care to each patient. If you have any emergency needs in the future we will be glad to help you again. We are here to serve you!



CBC/DIFF

OSMOLALITY, URINE

OSMOLALITY

PT/INR

ROUTINE URINALYSIS

SALICYLATES-LEVEL

TOX SCREEN, URINE, W/O CONFIRMATION

ED Imaging Tests Performed

ABD XR COMPLETE W/ DECUB & ERECT VIEWS

ABD XR COMPLETE W/ DECUB & ERECT VIEWS

ABD/PELVIS CT W/IV CONTRAST (NO PO)

CXR 2 VIEWS AP/PA & LATERAL

EKG (HOSPITAL BASED)

PELVIS ANTEROPOSTERIOR EXAM

US - SCROTUM/TESTES

Patient Instructions

No instructions given.

Have You Signed Up For MyGeisinger.org?

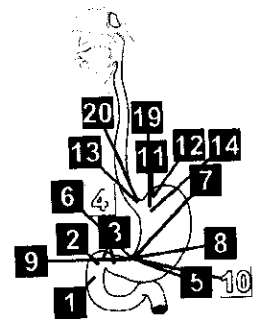
To access portions of your medical record and to communicate with your doctor, logon to www.mygeisinger.org, your online health management tool.

Geisinger *Geisinger Medical Center*

Patient Name:	Pinson, Jeremy V.	Procedure Date:	6/6/2016 3:41 PM
MRN:	5900100	Account Number:	1410723286
Date of Birth:	2/6/1986	Admit Type:	Outpatient
Age:	30	Room:	Endo - Room 8
Gender:	Male	Note Status:	Finalized

Procedure: Upper GI endoscopy
Indications: Foreign body in the stomach
Providers: Juliana Rodrigues, DO (Doctor), Alexander H. Kim, DO (Fellow), Jean A. Dascani, Technician
Referring MD: Matthew J. Shellenberger, DO, Bryan B. Bushman, MD
Medicines: Propofol per Anesthesia
Complications: No immediate complications.

Procedure: Pre-Anesthesia Assessment:
 - The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
 - Patient identification and proposed procedure were verified prior to the procedure by the physician. The procedure was verified in the pre-procedure area.
 - Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities were reviewed. The patient's tolerance of previous anesthesia was reviewed.
 - The medication list for this patient has been reviewed prior to the procedure and has been determined that the patient may proceed with the planned study. Any medication changes made as a result of the findings of this procedure have been discussed with the patient and/or representative at the time of discharge from the department.
 After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The GIF-Q180 Endoscope (2706949) was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.



Findings:

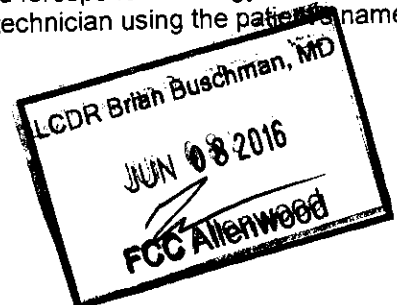
The Z-line was regular and was found 45 cm from the incisors.

Two pencil fragments were found in the gastric fundus. Removal was accomplished with a snare and an gastric overtube. Estimated blood loss was minimal.

A single sessile polyp was found at the incisura. Biopsies were taken with a cold forceps for histology. Verification of patient identification for the specimen was done by the physician, nurse and technician using the patient's name, birth date and medical record number. Estimated blood loss was minimal.

The examined duodenum was normal.

No signs of perforation post procedure.



Ex. 3, Attach. A, p. 441

Geisinger *Geisinger Medical Center*

Patient Name: Pinson, Jeremy V.
MRN: 5900100
Date of Birth: 2/6/1986
Age: 30
Gender: Male

Procedure Date: 6/6/2016 3:41 PM
Account Number: 1410723286
Admit Type: Outpatient
Room: Endo - Room 8
Note Status: Finalized

Add'l Images:



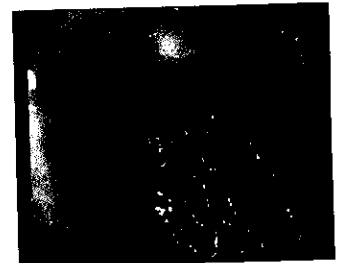
1 2nd Portion of the Duodenum



2 Duodenal Bulb



3 Duodenal Bulb



4 Pre-pyloric Stomach



5 Polyp



6 Incisura of the Stomach



7 Incisura of the Stomach



8



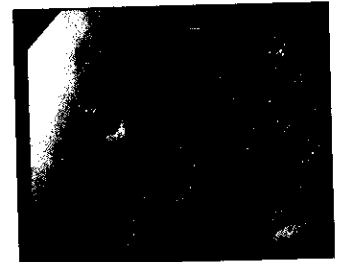
9 Incisura of the Stomach



10



11 Gastric Fundus



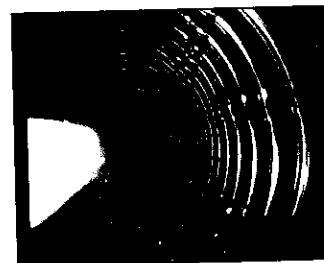
12 Gastric Fundus



13 Gastroesophageal Junction



14 Gastric Body



15



16

Geisinger *Geisinger Medical Center*

Patient Name: Pinson, Jeremy V.
MRN: 5900100
Date of Birth: 2/6/1986
Age: 30
Gender: Male

Procedure Date: 6/6/2016 3:41 PM
Account Number: 1410723286
Admit Type: Outpatient
Room: Endo - Room 8
Note Status: Finalized



17



18



19 Post foreign body removal



20 Gastroesophageal Junction

Impression:

- Two pencil fragments were found in the stomach. Removal was successful.
- A single gastric polyp. Biopsied.
- Normal examined duodenum.

Recommendation: - Discharge patient to home (with escort).

Juliana Rodrigues, DO
 Finalized Date: 6/6/2016 4:32:28 PM

This report has been signed electronically.

Alexander H. Kim, DO
 Finalized Date: 6/6/2016 4:32:15 PM

Estimated Blood Loss: Estimated blood loss was minimal.

Geisinger

Geisinger Medical Center

**INSTRUCTIONS POST
ESOPHAGOGASTRODUODENOSCOPY
ENDOSCOPY SUITE**
Geisinger Medical Center
Danville, PA 17822

Patient: **Jeremy Pinson**
MRN: **5900100**
Date: **Monday, June 06, 2016**

A. RESTRICTION ON ACTIVITY:

Do not drive a car or operate machinery until the day after the procedure.
Following day: Return to full activity including work.
Do not drink alcohol the day of the procedure.
Do not make any important decisions or sign important papers in 24 hours.

B. DIET:

Eat and drink normally unless instructed otherwise.

C. TREATMENT FOR COMMON AFTER EFFECTS:

Sore throat: treat with throat lozenges; gargle with warm salt water.
Mild abdominal pain and bloating: rest and take only liquids.

D. SYMPTOMS TO WATCH FOR AND REPORT TO YOUR PHYSICIAN:

1. Chills or fever occurring within 24 hours after procedure.
2. Pain in chest.
3. SEVERE abdominal pain or bloating.
4. Warmth, redness or pain at the IV site.

E. SPECIMENS

If specimens were obtained during today's procedure, you will be notified of the results by telephone or U.S. mail within 2 weeks. If you have not received results by that time, please call (570) 271-6405.

F. MEDICATION

Resume taking your home medications unless otherwise instructed by your physician. New medications automatically appear on this instruction sheet if they were included within today's procedure recommendations.

If you have any questions or problems, please call your physician.
(570)271-6439 from 8:30AM to 5:00PM or
(570)271-6211 after 5:00PM, have operator page the GI fellow on call.

Special Instructions:

You are being discharged to home.



Juliana Rodrigues, DO
Finalized Date: 6/6/2016 4:32:29 PM



Ex. 3, Attach. A, p. 444

Geisinger *Geisinger Medical Center*

This report has been signed electronically.

Ex. 3, Attach. A, p. 445

Outpatient Geisinger Medications as of 6/6/2016

sulfamethoxazole-trimethoprim DS (BACTRIM DS) 800-160 MG per tablet	Take 1 Tab by mouth 2 times a day for 14 days.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
clonazepam (KLONOPIN) 0.5 MG Tablet	Take 1.5 mg by mouth 2 times a day.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
trihexyphenidyl (ARTANE) 5 MG TABS	5 mg 2 times a day.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
perphenazine (TRILAFON) 4 MG Tablet	4 mg daily.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
pregabalin (LYRICA) 200 MG Capsule	Take 200 mg by mouth 2 times a day.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
oxcarbazepine (TRILEPTAL) 150 MG Tablet	Take 150 mg by mouth 2 times a day.
Number of times this order has been changed since signing: 1	
Order Audit Trail	
spironolactone (ALDACTONE) 12.5 MG TABS	37.5 mg once.
Number of times this order has been changed since signing: 1	
Order Audit Trail	

Inpatient Medications as of 6/6/2016

lidocaine 1 % inj 200 mg	Inject 20 mL under the skin once.
HYDROMorphone (DILAUDID) inj 1 mg	Administer 1 mL intravenously once.
piperacillin-tazobactam premix ivpb 4.5 g	Administer 100 mL intravenously once.
vancomycin (VANCOCIN) 3,000 mg in NSS 500 mL IVPB	Administer 3,000 mg intravenously once.
HYDROMorphone (DILAUDID) inj 1 mg	Inject 1 mL intravenously once.
LORazepam (ATIVAN) inj 1 mg	Administer 0.5 mL intravenously once.
HYDROMorphone (DILAUDID) inj 1 mg	Administer 1 mL intravenously once.
HYDROMorphone (DILAUDID) inj 1 mg	Administer 1 mL intravenously once.
ondansetron (ZOFTRAN) inj 4 mg	Inject 2 mL intravenously once.
HYDROMorphone (DILAUDID) inj 1 mg	Inject 1 mL intravenously once.
NSS 0.9% bolus infusion	Administer intravenously as needed (Hypotension- per endoscopy protocol for blood pressure less than pre-sedation value by 20 per cent.).
oxygen GAS 2 L/min(Oxygen) NSS infusion	Use 2 L/min(Oxygen) as directed Oxygen on continuously.
vancomycin 1 gm ivpb **LOCKED DOSE (Discontinued)	Administer intravenously continuous.
lidocaine 2 % inj (Discontinued)	Administer 1 g intravenously once.
	once as needed.
	once as needed.

Ex. 3, Attach. A, p. 446

propofol (DIPRIVAN) 1 % bolus
(Discontinued)

succinylcholine chloride (ANECTINE) inj once as needed.
(Discontinued)

ondansetron (ZOFRAN) inj once as needed.
(Discontinued)

Medication Review Info

User
SNYDER, STACEY L, LPN [39SLS]

Date and Time
6/6/2016 3:22 PM

Reviewed On: 06/06/2016 By: Amy J
Whitenight, RN

Allergies as of 06/06/2016

No Known Allergies

SHU #232

Request to Staff

5-24-16

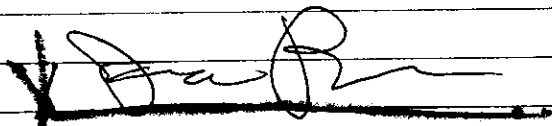
To: Medical Records

Fr: Jeremy Pinson # 16267-064

I request all BEMR records created on or after 2-7-16

Copied 240 pages of records from 2/7/16 to 5/24/16.

No HIV results given.



Chelsey Wirth ^{enc}
5/24/16
Medical Office Assistant
USP Allenwood

Pinson 16267-064

Medical

ALP-1330.13J
September 1, 2005
Attachment 1United States Penitentiary
Allenwood, PennsylvaniaADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTE TO INMATE: You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9 [BP-229(13)], you must ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state the names of staff contacted.

Issued By: ICB (Initials of Correctional Counselor)Date Issued To The Inmate: 6/5/16INMATE'S COMMENTS:

1. Complaint: I have complained to medical repeatedly that my pain isn't being managed for my back and radial nerve injuries. They categorically refuse to prescribe me narcotics even when like last week the hospital prescribed percocet and I received Tylenol.
2. Efforts you have made to informally resolve: Repeated medical encounters.
3. Names of staff you contacted: PA Cratz, PA Woods, Dr. Buschmann

Date Returned to Correctional Counselor: 6-6-16Jim Penn
Inmate's Signature16267-064
Reg. Number6-6-16
DateCORRECTIONAL COUNSELOR'S COMMENTS:

1. Efforts made to informally resolve and staff contacted: _____

Date BP-9 Issued: _____

K. Bowen
Correctional Counselor_____
Unit Manager (Date)

Distribution: If complaint is NOT informally resolved -- Forward original attached to BP-9 Form to the _____ Executive Assistant.

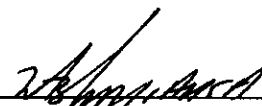
Ex. 3, Attach. A, p. 449

PINSON, Jeremy Vaughn
Reg. No. 16267-064
Unit: 204-232LAD
Page 1

This is in response to your Request for an Informal Resolution received on June 7, 2016, wherein you state your pain is not being managed for your back and radial nerve injuries. You are specifically requesting "narcotics."

A thorough review of your medical file was completed on June 7, 2016. On May 26, 2016, you were prescribed three days of Tylenol 3 for pain in addition to other medications you receive that are clinically indicated for pain. Pain medications are prescribed in accordance to your clinical assessment and in accordance to the Clinical Practice Guidelines and are at the discretion of the prescribing authority. Over the counter pain medications are also available from commissary.

You are receiving appropriate medical care in accordance with your clinical assessments. If your condition has changed or worsened, please report to sick-call to have your concerns appropriately addressed by your Primary Care Provider.



M. Magyar, AHSA
USP Allenwood



Date

Patient Facesheet

EVANGELICAL COMMUNITY HOSPITAL

ONE HOSPITAL DRIVE
LEWISBURG, PA 17837
(570)522-2000

Outpatient Registration
ONE DAY SURGERY

Patient Information

Acct#: 9780358

M.R#: 362278

F/C: L

Room/Bed: ODS-OD19

Admit Date/Time: 05/25/2016 14:39

Discharge Date/Time: 05/25/2016 20:50

Name: PINSON, JEREMY V

Mailing Address: PO BOX 3000

City: WHITE DEER

State: PA

Zip: 17887

Phone: (570)547-0963

Sex: M

DOB: 02/06/1986

Age: 30 Y

M/S: UNKNOWN

S.S#: 000-00-0000

Religion UNAVAILABLE

Employer Name: UNKNOWN

Address:

City:

State:

Zip:

Phone:

Admitting Physician: DARSHAN BHANGDIA MD

Attending Physician: DARSHAN BHANGDIA MD

Family Physician: BRIAN BUSCHMAN MD

Diagnosis/Chief
Complaint: PENILE INJURY

Guarantor Information

Name: PINSON, JEREMY V

Relationship:

Address: PO BOX 3000

City: WHITE DEER

State: PA

Zip: 17887

Phone: (570)547-0963

Employer Name:

Address:

City:

State:

Zip:

Phone:

Emergency Information

Name: UNCONFIRMED,

Relationship:

Home Phone #:

Work Phone #:

Insurance Information

Primary Payor

Secondary Payor

Tertiary Payor

Name: PRISON ALLENWOOD USP
Bill To: PRISON ALLENWOOD USP
SEVEN CORNERS - BOP DIV
PO BOX 3384
CARMEL, IN 46082

Employer: UNKNOWN
Policy Holder: PINSON, JEREMY V
Relationship: SELF
Insured DOB: 02/06/1986
Group #:
Policy #: 16267064
Precert #:
MCaid/PCP #:



C. Craig, PA-C
USP Allenwood
JUN 02 2016

Quantitative

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD DARSHAN

Pat Ind:

Result Detail(APTT PRTL THRMBPLSN TM)

Test

Result

Normal Range

Unit

APTT

26.0

21.6-34.8

Seconds

Quantitative**EVANGELICAL COMMUNITY HOSPITAL****Lewisburg, PA**Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA
MD DARSHAN**

Pat Ind:

Result Detail(PROTHROMBIN TIME)

Test	Result	Normal Range	Unit
PT Stago	12.7	12.3-14.3	Seconds
INR	0.9	0.9-1.2	

Proposed Therapeutic ranges for non-operative patients:

Clinical State

Range

Prophylaxis / treatment of venous thrombosis 2.0 - 3.0

Treatment of pulmonary embolism 2.0 - 3.0

Prevention of systemic embolism from:

- tissue heart valves 2.0 - 3.0

- acute myocardial infarction 2.0 - 3.0

- valvular heart disease 2.0 - 3.0

- atrial fibrillation 2.0 - 3.0

Prevention of recurrent myocardial infarction 2.5 - 3.5

Mechanical prosthetic valves (high risk) 2.5 - 3.5

Normal Population Mean 13.3 Seconds

***Please note change in Normal Population Mean effective 12/23/2014

Quantitative

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD DARSHAN

Pat Ind:

Result Detail(CBC W/ PLATELETS)

Test	Result	Normal Range	Unit
Hemagram			
White Cell Count	5.0	4.0-10.5	X 10 ³
Red Cell Count	4.40 ↓	4.70-6.00	X 10 ⁶
Hemoglobin	13.9	13.5-18.0	g/dl
Hematocrit	40.7 ↓	42.0-52.0	%
MCV	92.7	78.0-100.0	fL
MCH	31.6 ↑	27.0-31.0	pg
MCHC	34.1	32.5-36.0	g/dl
RDW	13.0	11.5-14.0	%
Platelet Count	155	150-450	X 10 ³
MPV	9.4	8.5-9.5	fL
Diff, Auto			
NEUT%	69.2 ↑	37.0-63.0	%
Lymph %	19.2 ↓	33.0-37.0	%
MONO%	10.4 ↑	0.0-9.0	%
EOS%	0.8	0.0-7.0	%
BASO%	0.4	0.0-1.0	%
NEUT#	3.4		X 10 ³
Lymph #	1.0		X 10 ³
MONO#	0.5		X 10 ³
EOS#	0.0		X 10 ³
BASO#	0.0		X 10 ³
Nucleated RBC%	0.0		%

Quantitative

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 382278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA
MD DARSHAN

Pat Ind:

Result Detail(COMPREHENSIVE METABOLIC PANEL)

Test	Result	Normal Range	Unit
Electrolytes			
Sodium	142	137-145	mmol/l
Potassium	4.5	3.5-5.1	mmol/l
Chloride	108	98-107	mmol/l
CO2	28	22-30	mmol/l
Anion Gap	13	10-20	mmol/l
BUN	11	7-20	mg/dl
Estimated GFR			
Creatinine	0.7	0.7-1.3	mg/dl
GFR - White	133		
GFR - Black	161		
BUN / Creat Ratio	15.7	12.0-20.0	
Glucose	92	74-106	mg/dl
Calcium	9.3	8.4-10.2	mg/dl
AST / SGOT	18	17-59	u/l
Alk Phos	42	38-126	u/l
ALT / SGPT	22	21-72	u/l
Bilirubin, Total	0.53	0.20-1.30	mg/dl
Protein, Total	6.3	6.3-8.2	g/dl
Albumin	3.7	3.5-5.0	g/dl
Globulin	2.6	1.8-3.8	g/dl
ALB/GLOB Ratio	1.4	1.0-2.4	

Quantitative**EVANGELICAL COMMUNITY HOSPITAL****Lewisburg, PA**Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA
MD DARSHAN**

Pat Ind:

Result Detail(LIPASE)

Test	Result	Normal Range	Unit
Lipase	48	23-300	u/l

Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL****Lewisburg, PA**Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA**

Pat Ind:

**MD
DARSHAN****Exam Name: XR PELVIS 1V******Exam:****Abdomen, one view****Pelvis one view****HISTORY: 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation****COMPARISON: None****Results:**

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

QTMRWS08

Electronically signed by **BARRY-LANE,MD PATRICIA**

Transcribed by **DICTAPHONE** at **05/25/2016 16:19**

Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V

Type: O-ODS

Med Rec #: 362278

Patient #: 1-9780358-1

Admit Date: 05/25/2016

Adm Dr: BHANGDIA MD DARSHAN

Sex: M

DOB: 02/06/1986 30Y

Attd Dr: BHANGDIA

Pat Ind:

MD
DARSHAN

Exam Name: XR ABDOMEN 1 VIEW

Exam:

Abdomen, one view

Pelvis one view

HISTORY: 30-year-old with ingestion of foreign body, plastic pieces, history of bowel perforation

COMPARISON: None

Results:

ABDOMEN: Supine view of the abdomen is submitted for evaluation. The bowel is not obstructed. There is no pneumoperitoneum on this supine exam. Imaged bones are unremarkable. There is no radiopaque foreign body.

Pelvis: There is no fracture or dislocation. There is a long metallic foreign body overlying the scrotum, measuring 9 cm long.

IMPRESSION: No acute abdominal abnormality. No bowel obstruction.

9 cm long metallic foreign body overlying the scrotum.

Electronically signed by Patricia Barry-Lane, MD on 5/25/2016 4:19 PM

QTMRWS08

Electronically signed by BARRY-LANE,MD PATRICIA

Transcribed by DICTAPHONE at 05/25/2016 16:19

Requisition Documents**EVANGELICAL COMMUNITY HOSPITAL**

Lewisburg, PA

Name: **PINSON, JEREMY V**Type: **O-ODS**Med Rec #: **362278**Patient #: **1-9780358-1**Admit Date: **05/25/2016**Adm Dr: **BHANGDIA MD DARSHAN**Sex: **M**DOB: **02/06/1986 30Y**Attd Dr: **BHANGDIA
MD
DARSHAN**

Pat Ind:

Exam Name: CT ABDOMEN PELVIS WO IV - WO ORAL

Unenhanced abdomen and pelvis CT 5/25/2016

INDICATION: Reported ingestion of sharp plastic objects. Recent scrotal trauma with informed body insertion.

Axial 5 mm sections performed through the abdomen and pelvis and no similar comparisons.

Abdomen CT

No infiltrates or effusions at imaged lung bases. No gross mass, organomegaly, or other lesions of the liver, spleen, pancreas, adrenal glands, or kidneys. No renal or ureteral calculi or acute obstructive uropathy. Imaged lower osseous thorax and lumbar spine unremarkable.

Midline anterior abdominal wall changes suggesting previous surgical incision abdominal aorta unremarkable. No other mass, adenopathy, fluid, pneumoperitoneum, grossly abnormal bowel loops, or inflammatory changes.

No ingested radiopaque objects or other suspicious asymmetries.

Pelvis CT

No evidence of acute appendicitis or other grossly abnormal bowel loops. No other mass, adenopathy, ascites, or hemorrhage. No radiopaque bowel intraluminal objects or other suspicious asymmetries. There is a linear radiopaque object partially imaged approximately midline posterior aspect of the scrotum. Cephalad termination is just to the left of the right testicle and posterior to the distal aspect of the left spermatic cord. There may be a small gas collection between the spermatic cord and testicle near this termination. Distal termination of the object is not imaged.

IMPRESSION:

1. No radiopaque or otherwise asymmetric bowel intraluminal foreign bodies or other suspicious asymmetries.
2. Linear radiodense object possibly inserted foreign body midline posterior aspect of the scrotum as above partially imaged.
3. No other mass, adenopathy, pneumoperitoneum, abscess, or other suspicious collections.

Electronically signed by James O'Brien, MD on 5/25/2016 4:45 PM

ECHRWS03

Electronically signed by JAMES S O'BRIEN,MD

Transcribed by DICTAPHONE at 05/25/2016 16:45

Non Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V	Type: O-ODS		
Med Rec #: 362278	Patient #: 1-0780358-1	Admit Date: 05/25/2016	Adm Dr: BHANGDIA MD DARSHAN
Sex: M	DOB: 02/06/1986 30Y	Attd Dr: BHANGDIA MD DARSHAN	Pat Ind:

Exam Name: Operative Report

Final upon physician signature

DATE OF OPERATION: 05/25/2016

PREOPERATIVE DIAGNOSIS: TRAUMATIC INSERTION OF PAPERCLIP INTO SCROTUM.

POSTOPERATIVE DIAGNOSIS: TRAUMATIC INSERTION OF PAPERCLIP INTO SCROTUM.

OPERATION: SCROTAL EXPLORATION.

REMOVAL OF PAPERCLIP.

SURGEON: Darshan K. Bhangdia, M.D.

ANESTHESIA: General

COMPLICATIONS: None

ESTIMATED BLOOD LOSS: Minimal

SPECIMEN: Paper clip

OPERATIVE FINDINGS: The patient is a 30-year-old prisoner who today presents to the Emergency Room after making a small incision in the scrotum and inserting a paperclip into the scrotum. He also had other cuts and scrapes which were sutured up. He underwent a CAT scan which showed that the paperclip was in the scrotum and not into the deeper down tissues. Therefore, he was scheduled for surgical removal of the paperclip. GAR consent was obtained.

OPERATIVE PROCEDURE: The patient was identified in the hallway by me. He was then brought into the operating room and again identified. After general anesthesia was provided, he was placed in the dorsolithotomy position. His scrotum was prepped and draped in a standard surgical fashion. We felt the paperclip. There was a small 1 cm laceration in the upper portion of the scrotum. This was irrigated copiously. We then made a small incision in the inferior portion of the scrotum, manipulated the paperclip into that incision that we made and grasped it, removed it and passed it off the table as specimen. I irrigated copiously both incisions with 1 liter of saline solution. At this point we obtained hemostasis in the lower portion and put three interrupted #3-0 chromic sutures there. We left the upper incision open since it was made in the prison with a razor blade. At this point the area was cleaned and dried. A dressing was applied. Sponge, needle and instrument counts were correct at the end of the case. The patient was awoken. He tolerated the procedure well and was taken to the recovery room in stable condition.

Darshan K. Bhangdia, MD

DKB/tsf

05/25/2016 18:46:18/05/26/2016 10:46:55

cc:

Transcribed by DICTAPHONE at 05/25/2016 18:46

By: DICTAPHONE at 05/25/2016 18:46

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Non Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V	Type: O-ODS		
Med Rec #: 362278	Patient #: 1-9780358-1	Admit Date: 05/25/2016	Adm Dr: BHANGDIA MD DARSHAN
Sex: M	DOB: 02/06/1986 30Y	Attd Dr: BHANGDIA MD DARSHAN	Pat Ind:

Exam Name: ER Nursing Notes

Nurse's Notes

Evangelical Community Hospital

Name: JEREMY PINSON

Age: 30 yrs

Sex: Male

DOB: 02/06/1986

MRN: 362278

Arrival Date: 05/25/2016

Time: 14:39

Account#: 9780358

Bed 19

Private MD:

Presentation:

05/25

14:41 Presenting complaint: EMS states: 1200 TOOK AN UNKNOWN AMOUNT OF MULTIPLE UNKNOWN MEDICATIONS. TOOK RAZOR BLADES CUT LEFT AC (STITCHED BY PRISON DOCTOR), 2 LACERATIONS TO BACK OF HEAD (1 STAPLED BY PRISON DOC), MINOR LACERATIONS TO LEGS. THEN TOOK RAZOR BLADES AND MADE AN INCISION ON BACK OF SCROTUM AND PUT THEM IN HIS SCROTUM; ALSO PUT PAPER CLIPS IN SCROTUM AS REPORTED BY CELLMATE IN AN ATTEMPT TO CUT OFF SCROTUM TO BECOME A FEMALE. THIS ALSO HAS SUTURES PLACED BY PRISON DOC TEMPORARILY. Date of onset:

Today. Time of onset: 12:00. This is a sudden illness. Transition of care: PRISON. Care

prior to arrival: EMS report: NS lock 18 gauge Site right antecubital area prehospital

medication(s) include(s), Normal Saline Bolus, 1000ml.

14:41 Method Of Arrival: EMS Ground ALS: MEDIC 291 W/ AMB 12 me

14:41 Acuity: ESI 2 me

Triage Assessment:

14:41 General: Appears in no apparent distress, calm, Behavior is appropriate for age, me cooperative, Oriented X 3.

Historical:

- Allergies: Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bently;

- Home Meds:

1. albuterol sulfate 90 mcg/actuation inhalation ae pb 2 puffs every 4 hours as needed
2. clonazepam 0.5 mg oral tab 1 tab 2 times per day
3. duloxetine 60 mg oral cpDR 1 cap once daily
4. estradiol 1 mg oral tab 1 tab twice a day
5. mometasone 220 MCG nasal 2 sprays twice a day
6. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
7. perphenazine 8 mg oral tab 1 tab daily
8. pregabalin 100 mg oral cap 2 caps 2 times per day
9. spironolactone 25 mg oral tab 1 tab 2 times per day
10. trihexyphenidyl 2 mg oral tab 2 tabs 2 times per day

- PMHx: OCULAR HTN; ASTHMA; SEIZURES; ANXIETY; ANTISOCIAL PERSONALITY DISORDER;
IRRITABLE BOWEL SYNDROME; SELF HARM;

- Immunization history:: Last tetanus immunization: <10 years ago Pt has received
influenza vaccine for this season.

- Social history: The patient lives in prison at USP Allenwood, Smoking status:
Patient/guardian denies using tobacco, never smoked.

- Travel history: Patient has not traveled out of the country in the last 21 days.

- : Current meds were reviewed at this encounter WITH PRISON LIST.

Screening:

14:41 Abuse screen: Denies threats or abuse. Nutritional screening: No deficits noted. me

Tuberculosis screening: No symptoms or risk factors identified. Fall risk None
identified.

Assessment:

14:59 See Triage Assessment, same nurse. Derm: Decubitus not assessed- mobile patient. me

15:37 Pain: Denies pain. General: PATIENT TOLD THIS NURSE THAT HE SHARPENED PIECES OF PLASTIC me
FROM A BIC PEN. THEN PROCEED TO SWALLOW THEM. STATED THAT HE IS TRYING TO KILL HIMSELF.

16:10 Pain: Complains of pain in SCROTUM AND ABD. General: Appears in no apparent distress, me
calm, Behavior is appropriate for age, cooperative, quiet, Oriented X 3.

17:05 General: Appears in no apparent distress, calm, Behavior is appropriate for age, me
cooperative, quiet.

Vital Signs:

14:41 BP 140 / 98; Pulse 91; Pulse Ox 99% on R/A; me

14:41 BP 124 / 70; Pulse 92; Pulse Ox 98% on R/A; me
16:10 BP 112 / 65; Pulse 76; Resp 19; Pulse Ox 98% on R/A; me
16:43 BP 116 / 67; Pulse 80; Resp 15; Pulse Ox 98% on R/A; me
17:05 BP 130 / 67; Pulse 83; Resp 12; Pulse Ox 96% on R/A; me
17:48 BP 120 / 76; Pulse 76; Resp 10; Pulse Ox 96% on R/A; me

Vitals:

14:41 A current weight was recorded for this encounter. me

Dispensed Medications:

17:03 Drug: morphine 4 mg(s); Route: IVP; Site: right forearm; me
17:21 Follow up: Response: Pain is decreased; Pain is decreased. 4/10 me
17:22 Drug: Ancef 2 gram(s); {Note: NOT ADMINISTERED IN ER. AT BEDSIDE FOR WHEN PATIENT GOES TO THE OR..} Route: IVPB; Site: right forearm; me
17:48 Follow up: IV Status: Infusion continued upon admit; Infusion continued upon admit. ON HOLD FOR OR. me

Interventions and Observations:

14:39 Patient arrived in ED. drz
14:49 Triage completed. me
14:59 Placed in gown. Bed in low position. Call light given to patient Side rails up X2. me
15:49 Pelvis, Routine Sent. nca
15:49 KUB Sent. nca
16:28 CT Abd, Pelvis -IV / -PO Sent. fdb
16:58 Labs drawn (by ED staff). sh1
17:01 CBC W/ Platelets Sent. sh1
17:01 Chem-12 Sent. sh1
17:01 Lipase Sent. sh1
17:01 aPTT, Sent. sh1
17:01 Prothrombin Time Sent. sh1
17:21 EKG done. (by ED staff). FOR PRE OP, SENT WITH CHART TO OR. sh1
17:25 I assumed care of this patient for entire stay. me
17:25 No procedures done that require assistance. me

Outcome:

16:54 Admit ordered by MD. pdd
17:25 The patient has been informed of the need for admission to the hospital to continue me

treatment. RN reviewed LPN Documentation and I agree.

18:04 . Admitted to OR via stretcher, Other WITH ANESTHESIST AND OR TECH. me

18:04 Patient left the ED. me

Signatures:

Hertzler, Sue, LPN LPN sh1

Fry, Marissa, RN RN me

Bechdel, Forrest, Rad Rad fdb

Zimmerman, Diane, Reg Reg drz

Anderson, Natalia, Rad Rad nca

Dacquel, Patrick, DO DO pdd

By: MEDHOST (DO NOT REMOVE) at 05/25/2016 18:10

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Non Requisition Documents

EVANGELICAL COMMUNITY HOSPITAL

Lewisburg, PA

Name: PINSON, JEREMY V	Type: O-ODS		
Med Rec #: 362278	Patient #: 1-9780358-1	Admit Date: 05/25/2016	Adm Dr: BHANGDIA MD DARSHAN
Sex: M	DOB: 02/06/1986 30Y	Attd Dr: BHANGDIA MD DARSHAN	Fat Ind:

Exam Name: Emergency Room

Physician Documentation

Evangelical Community Hospital

Name: JEREMY PINSON

Age: 30 yrs

Sex: Male

DOB: 02/06/1986

MRN: 362278

Arrival Date: 05/25/2016

Time: 14:39

Account#: 9780358

Bed 19

Private MD:

HPI:

05/25

17:48 30-year-old male with past medical history of asthma as well as multiple psychiatric pdd disorders presents in police custody for suicide attempt. Patient states that he used a razor blade to make multiple lacerations and to cut his scrotum. Patient states that he inserted razor blades and paperclips into his scrotum. Also states that he swallowed sharp pieces of glass, which she has done prior that resulted in bowel perforation and surgery. Denies any abdominal pain at this point. Tetanus shot is up-to-date..

Historical:

- Allergies: Potassium Chloride; Peanut; FISH PRODUCT DERIVATIVES; SHELLFISH; Bently;

- Home Meds:

1. albuterol sulfate 90 mcg/actuation inhalation ae pb 2 puffs every 4 hours as needed
2. clonazepam 0.5 mg oral tab 1 tab 2 times par day
3. duloxetine 60 mg oral cpDR 1 cap once daily
4. estradiol 1 mg oral tab 1 tab twice a day
5. mometasone 220 MCG nasal 2 sprays twice a day
6. oxcarbazepine 300 mg oral tab 1 tab 2 times per day
7. perphenazine 8 mg oral tab 1 tab daily
8. pregabalin 100 mg oral cap 2 caps 2 times per day

9. spironolactone 25 mg oral tab 1 tab 2 times per day

10. trihexyphenidyl 2 mg oral tab 2 tabs 2 times per day

- PMHx: OCULAR HTN; ASTHMA; SEIZURES; ANXIETY; ANTISOCIAL PERSONALITY DISORDER;
IRRITABLE BOWEL SYNDROME; SELF HARM;

- Immunization history:: Last tetanus immunization: <10 years ago Pt has received
influenza vaccine for this season.

- Social history: The patient lives in prison at USP Allenwood, Smoking status:
Patient/guardian denies using tobacco, never smoked.

- Travel history: Patient has not traveled out of the country in the last 21 days.

- : Current meds were reviewed at this encounter WITH PRISON LIST.

ROS:

17:49 Constitutional: Negative for fever, chills, and weight loss, lethargy Eyes: Negative pdd
for injury, pain, redness, and discharge, visual disturbance ENT: Negative for injury,
pain, and discharge, Neck: Negative for injury, pain, and swelling, stiffness
Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative
for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI:
Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back:
Negative for injury and pain, Neuro: Negative for headache, weakness, numbness,
tingling, and seizure. GU: Positive for Scrotal incision and foreign body..
MS/extremity: Positive for Multiple lacerations.. Psych: Positive for suicide gesture,
suicidal ideation.

Vital Signs:

14:41 BP 140 / 98; Pulse 91; Pulse Ox 99% on R/A; me
14:41 BP 124 / 70; Pulse 92; Pulse Ox 98% on R/A; me
16:10 BP 112 / 65; Pulse 76; Resp 19; Pulse Ox 98% on R/A; me
16:43 BP 116 / 67; Pulse 80; Resp 15; Pulse Ox 98% on R/A; me
17:05 BP 130 / 67; Pulse 83; Resp 12; Pulse Ox 96% on R/A; me
17:48 BP 120 / 76; Pulse 76; Resp 10; Pulse Ox 96% on R/A; me

Exam:

17:50 Constitutional: This is a well developed, well nourished patient who is awake, alert, pdd
and in no acute distress.

Head/Face: Normocephalic, atraumatic.

Eyes: PERRLA, EOMI, normal sclera, no evidence of conjunctivitis.

ENT: TM's normal with no erythema. EAC's clear. Normal nasal mucosa with no erythema,

Ex. 3, Attach. A, p. 470
Page 20

no lesions and no discharge. Nostrils are patent with no septal deviation. Post pharynx with no erythema, no exudate and no evidence of obstruction.

Neck: Supple. Trachea midline. Normal thyroid with no lymphadenopathy or masses.

Normal ROM with no evidence of vertebral point tenderness. No meningismus is appreciated.

Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity.

No lesions are appreciated.

Cardiovascular: Normal heart sounds with no murmurs, rubs, or gallop. Normal PMI. No JVD. No pulse deficits.

Respiratory: CTA with excellent breath sounds in all fields. Symmetrical chest wall movement with no wheezing, rales, or rhonchi.

Neuro: CN 2-12 grossly intact. Intact motor and sensory throughout. Normal cerebellar function. Mental status is appropriate with normal response. Normal gait.

17:50 Psych: Awake, alert, with orientation to person, place and time. Behavior, mood, and pdd affect are within normal limits.

17:50 Abdomen: Normal except well healing midline incision.

17:50 Back: Exam negative for

17:50 GU: Normal except small 0.5cm anterior scrotal incision with palpable FB

17:50 Musculoskeletal/extremity: sutured left AC laceration and left anterior shin laceration.

Dispensed Medications:

17:03 Drug: morphine 4 mg(s); Route: IVP; Site: right forearm; me

17:21 Follow up: Response: Pain is decreased; Pain is decreased. 4/10 me

17:22 Drug: Ancef 2 gram(s); {Note: NOT ADMINISTERED IN ER. AT BEDSIDE FOR WHEN PATIENT GOES me TO THE OR..} Route: IVPB; Site: right forearm;

17:48 Follow up: IV Status: Infusion continued upon admit; Infusion continued upon admit. ON me HOLD FOR OR.

Medication Name: albuterol sulfate 90 mcg/actuation; Dose/Strength: 2 puffs; Frequency: every 4 hours as needed; Last Dose Date/Time: unspecified last dose taken; What is it for? ;

Medication Name: clonazepam 0.5 mg; Dose/Strength: 1 tab; Frequency: 2 times per day; Last Dose Date/Time: unspecified last dose taken; What is it for? ;

Medication Name: duloxetine 60 mg; Dose/Strength: 1 cap; Frequency: once daily; Last Dose Date/Time: unspecified last dose taken; What is it for? ;

Axial 5 mm sections performed through the abdomen and pelvis and no similar comparisons.

Abdomen CT

No infiltrates or effusions at imaged lung bases. No gross mass, organomegaly, or other lesions of the liver, spleen, pancreas, adrenal glands, or kidneys. No renal or ureteral calculi or acute obstructive uropathy. Imaged lower osseous thorax and lumbar spine unremarkable.

Midline anterior abdominal wall changes suggesting previous surgical incision abdominal aorta unremarkable. No other mass, adenopathy, fluid, pneumoperitoneum, grossly abnormal bowel loops, or inflammatory changes.

No ingested radiopaque objects or other suspicious asymmetries.

Pelvis CT

No evidence of acute appendicitis or other grossly abnormal bowel loops. No other mass, adenopathy, ascites, or hemorrhage. No radiopaque bowel intraluminal objects or other suspicious asymmetries. There is a linear radiopaque object partially imaged approximately midline posterior aspect of the scrotum. Cephalad termination is just to the left of the right testicle and posterior to the distal aspect of the left spermatic cord. There may be a small gas collection between the spermatic cord and testicle near this termination. Distal termination of the object is not imaged.

IMPRESSION:

1. No radiopaque or otherwise asymmetric bowel intraluminal foreign bodies or other suspicious asymmetries.
2. Linear radiodense object possibly inserted foreign body midline posterior aspect of the scrotum as above partially imaged.
3. No other mass, adenopathy, pneumoperitoneum, abscess, or other suspicious collections.

Electronically signed by James O'Brien, MD on 5/25/2016 4:45 PM

6. RTC OR from ER for scrotal exploration removal of foreign body.

Problem 2: Seizures

Electronic Signatures:

Albright, David (PA) (Signed 25-May-2016 17:45)

Authored: Code Status, History of Present Illness, ROS, Physical Exam,
Results, Assessment and Plan

Bhangdia, Darshan (MD) (Signature Pending)

Co-Signer: Code Status, History of Present Illness, ROS, Physical Exam,
Results, Assessment and Plan

Transcribed by **DICTAPHONE** at **05/25/2016 17:45**

By: **DICTAPHONE** at 05/25/2016 17:45

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Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	06/06/2016 06:33 EST	Race:	WHITE
		Facility:	ALP

Reviewed by Buschman, Brian MD on 06/06/2016 09:10.

Ex. 3, Attach. A, p. 474

009780358
PINSON, JEREMY V
PO BOX 3000
WHITE DEER PA 17887
BHANGDIA MD, DARSHAN
BUSCHMAN MD, BRIAN
30 Y 02/06/1986 362278



16267-064
ODS - Surgical Discharge Instruction Sheet

1. If you received general anesthesia, sedation or received medication for pain, you should not drive, operate machinery, drink alcohol, or sign any legal documents for 24 hours. You may experience some light headedness, dizziness, or sleepiness following surgery.
2. Diet: You may want to start with clear liquids, then light foods (Jell-O, soup, crackers), and gradually work up to solid foods.
Diet Instructions: Regular
3. Activity Instructions:
 - ☐ Simple household chores that do not cause discomfort
 - ☐ Lift only things that require one hand, to avoid straining
 - ☐ Lift items weighing up to _____ lbs. the first week and add _____ lbs. each week
 - ☐ May use stairs carefully or with assistance
 - ☐ May resume driving ☐ days _____ ☐ weeks _____ --- when prescription pain medicine is no longer needed and safe operation of vehicle is possible without limitation or discomfort
 - ☒ Other: Normal
4. May take shower on _____ ☒ day 2 ☐ week _____

5. WOUND CARE INSTRUCTIONS:

DRESSINGS:

☒ Remove the dressing in 24 hours. Replace it daily until the drainage stops or as needed for comfort. Gently wash across the wound every day with soap and water; pat it dry. (If the wound is exposed to a dirty environment, change dressing as needed to keep the wound clean.)

If your incision becomes sore, red or draining, take your temperature and call physician.

STERI-STRIPS: If there are steri-strips across the wound, directly on the skin, keep them in place. They may loosen/ curl up at the edges. Wash them daily and pat dry. Steri-strips may be removed after one week.

STITCHES:

☐ Stitches were used but are not visible on the outside. They will dissolve and will not need to be removed. Some firmness over the wound is common as your body reacts to dissolve the stitches. Occasionally the wounds are closed with a 'glue' and again, you may not see it; just cleanse as above.

☐ Stitches or staples were used and an appointment for their removal is necessary. Wash daily with soap and water after the first 24 hours / pat dry. Dressing as above.

6. May resume sexual intercourse in _____ days _____ weeks
7. Employment: Expect to return to work in/about _____ days _____ weeks
8. Schedule return visit in 1-2 weeks / days at _____ office. Call 523-3900
9. Medications: ☐ Get prescriptions filled ☐ None Last dose of pain medication given at 1950

PAIN MEDICINE:

- ☐ Take your prescription pain medication as prescribed
- ☐ Use TYLENOL OR IBUPROFEN as directed by your physician

10. Medications: ☐ Resume usual medication ☐ Refer to printed medication list (med reconciliation list)

Ketlex 500 mg po 4x/day
Pericort 57325 mg 1 po q6 hr

11. Other instructions: Some anesthetics and pain medications may produce nausea and vomiting in certain individuals. Should you experience persistent nausea and vomiting, any pain that is unusual, extreme swelling, fever above 100 degrees F., difficulty in breathing, or bleeding that you feel is excessive, please call your physician at _____ or go to the nearest emergency room.

Jerem Pinson
Patient or Responsible Person

[Signature]
Physician

525716
Date

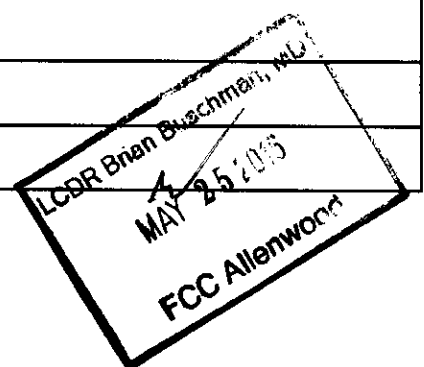
UNIVERSAL PROTOCOL FOR INVASIVE PROCEDURES

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE/TIME	5-25-2016	
PATIENT NAME/REGISTER NUMBER	PINSON, JEREMY VAUGHN / 16267-064	
PRE-VERIFICATION PROCEDURE		
Verified Patient Identification	Full Patient Name Register Number Armband Photo ID	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Verified SITE and SIDE	left leg, left AC / scalp staple	
Verified Agreement On Procedure to Be Performed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Patient Consent Signed	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Verified Patient Position	lying	
Verified Availability of Equipment and Supplies	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Verified Equipment Function	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Verified Patient Anesthesia Medication	yes	
MARKING OF SITE	obvious	
TIME OUT PROCEDURE COMPLETED	yes	
The team members and patient have verified that there is no discrepancy in the above information. A discrepancy at any point and the resolution must be documented by the physician and other healthcare professionals in the case.		
Signature of Patient:		
Signature of Team members: <i>[Signature]</i> 5-25-16		
<i>[Signature]</i> 5/25/16 J. Waldman RN		

ALP--ALLENWOOD USP



MEDICAL RECORD**REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR
PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES****A. IDENTIFICATION****OPERATION OR PROCEDURE**

Laceration Repair

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, potential benefits and drawbacks, potential problems related to recuperation, likelihood of success, possible results of non-treatment, and any significant alternatives have been fully explained to me. I have also been informed that there are other risks, which include but are not limited to severe loss of blood, infection, and cardiac arrest, that are attendant to the performance of any surgical procedure. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be: (Description of operation or procedure in layman's language)

A laceration is a wound caused by a sharp object producing edges that may be jagged, dirty or bleeding. Laceration repair mends a tear in the skin or other tissue. The procedure is similar to repairing a tear in clothing. The four goals of laceration repair are to stop bleeding, prevent infection, preserve function, and restore appearance.

which is to be performed by or under the direction of Charles Craig

On 05/25/2016 (date)

2. I request the performance of the above - named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below - named medical facility, during the course of the above - named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below named facility.

4. Exceptions to surgery or anesthesia, if any, are:

5. I request the disposal by authorities of the below - named medical facility of any tissues or parts which it may be necessary to remove.

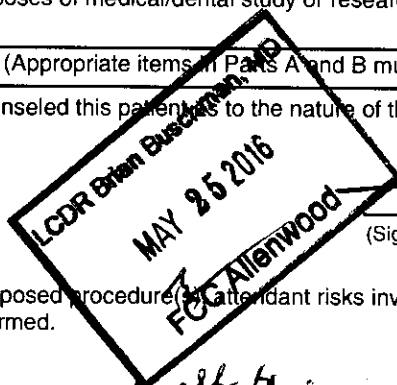
6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions.

- The name of the patient and his/her family is not used to identify said pictures.
- Said pictures be used only for purposes of medical/dental study or research.

C. SIGNATURES

(Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PRACTITIONER: I have counseled this patient to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.



(Signature of Counseling Practitioner)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is unable to give consent): As sponsor/guardian, I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Date and Time)

Printed Name of Sponsor or Legal Guardian

(Signature of Sponsor or Legal Guardian)

(Date and Time)

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

(FULL NAME & REGISTRATION NO.)

PINSON, JEREMY VAUGHN

16267-064

ALP--ALLENWOOD USP

BP-A0808
SEP 11

VACCINE CONSENT - INMATES

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(*Note: CDC Vaccine Information Statements in multiple languages available at: www.cdc.gov/vaccines/pubs/vis/)

I have been provided a copy of the Vaccine Information Statement* for:

Hep. A vaccine dated 10-25-11

I have had the opportunity to ask questions about the benefits and risks of vaccination.

☒ I consent to be vaccinated.

Inmate Signature	Witness Signature	Date
<i>[Signature]</i>	R. Risher, NRP	4-27-16

FCC Allenwood

☐ I decline to receive the above vaccine at this time.

Inmate Signature	Witness Signature	Date

Name Pinson, Jeremy	
Reg. # 16267-064	SSN
Institution ALX-ALLENWOOD FCC	

Prescribed By P6190

BP-A0808
SEP 11

VACCINE CONSENT - INMATES

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(*Note: CDC Vaccine Information Statements in multiple languages available at: www.cdc.gov/vaccines/pubs/vis/)

I have been provided a copy of the Vaccine Information Statement* for:

Hep. B vaccine dated 2-2-17

I have had the opportunity to ask questions about the benefits and risks of vaccination.

☒ I consent to be vaccinated.

Inmate Signature	Witness Signature	Date
<i>[Signature]</i>	<i>[Signature]</i> R. Risher, NRP FCC Allenwood	<u>4-27-16</u>

☐ I decline to receive the above vaccine at this time.

Inmate Signature	Witness Signature	Date

Name <u>Pinson, Jeremy</u>	
Reg. # <u>16267-064</u>	SSN
Institution <u>ALX-ALLENWOOD FCC</u>	

Prescribed By P6190

From: ^!"PINSON, ^!JEREMY VAUGHN" <16267064@inmatemessage.com>
To:
Date: 4/20/2016 3:35 PM
Subject: ***Request to Staff*** PINSON, JEREMY, Reg# 16267064, ALP-B-A

To: Records
 Inmate Work Assignment: a/o

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

dbf9c9d4-9b11-40b0-bb23-d9ab8b360190

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

Please send me all my lab blood tests for the previous 18 months.

Copied labs dated from 4/1/14 to 9/29/14

No HIV results included. Total of 39 Pages copied

X Jan Ai

Chelsey Wirth^{OW} 4/22/14
 Medical Office Assistant
 USP Allenwood



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 04/07/2016 9:00
Reg # 16267-064	Order Unit SPG Unit	Received 04/08/2016 11:07
DOB 02/06/1986	Provider Elizabete Santos, DO	Reported 04/08/2016 13:23
Sex M		LIS ID 099161510

CHEMISTRY

Potassium	4.6	3.5-5.0	mmol/L
-----------	-----	---------	--------

LCDR J. Bennett-Meehan, PA-C
USP Allenwood
APR 13 2016

LCDR Brian Buschman, MD

APR 13 2016

CC ALLENWOOD

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

ALP-1351.135

September 1, 2005

Attachment 1

United States Penitentiary
Allenwood, Pennsylvania

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTE TO INMATE: You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9 [BP-229(13)], you must ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state the names of staff contacted.

Issued By: CE (Initials of Correctional Counselor)
Date Issued To The Inmate: 3-5-16 4-5-16

INMATE'S COMMENTS:

1. Complaint: Nurse Andrea Martinez and Domlin maliciously had my dicyclanide discontinued because I was unable to produce my self-carry pack which the Pharmacy had yet to deliver my refill. Nurse Martinez called me a "fag junkie" and Domlin said "yep." This violates my 5th & 8th Amendment rights.
2. Efforts you have made to informally resolve: Copout to Medical
3. Names of staff you contacted: Magyar, L.J. Oddo

Date Returned to Correctional Counselor: 3-6-16 C.H. 4-6-16

[Signature]
Inmate's Signature

162167-064
Reg. Number

3-6-16 C.H. 4-6-16
Date

CORRECTIONAL COUNSELOR'S COMMENTS:

1. Efforts made to informally resolve and staff contacted: _____

Date BP-9 Issued: _____

Correctional Counselor

Unit Manager (Date)

Distribution: If complaint is NOT informally resolved - Forward original attached to BP-9 Form to the Executive Assistant.


PINSON, Jeremy Vaughn
Reg. No. 16267-064
Unit: Z03-207LAD
Page 1

This is in response to your Request for an Informal Resolution received on April 6, 2016, in reference to your Dicyclomine prescription being discontinued. Furthermore, you allege staff misconduct.

A thorough review of your medical file was completed on April 6, 2016. You document in your Informal Resolution that you contacted the Assistant Health Services Administrator to informally resolve your concern prior to filing. A no time did you ever establish verbal or written contact with the AHSA to discuss your concerns? This is a falsifying statement. Due to reasonable suspicion of dicyclomine abuse and diversion your Dicyclomine prescription was discontinued by the Medical Officer. On March 31, 2016, you were dispensed 14 tablets by Health Services to your cell. On April 1, 2016, Health Services searched your cell and found that you had zero left. This shows a clear case of either diversion or misuse and in either case the medication needs to be stopped due to patient safety issues. True IBS can be controlled with other options such as SSRIs. Please report to sick-call to discuss alternative options to achieve similar therapeutic effects.

Allegations against staff are taken seriously. Your concerns are noted and will be looked into. You will not be notified of the outcome.

You are receiving appropriate medical care in accordance with your clinical assessments. If your condition has changed or worsened, please report to sick-call to have your concerns appropriately addressed by your Primary Care Provider.



M. Magyar, AHSA
USP Allenwood



Date



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 03/28/2016 11:30
Reg # 16267-064	Order Unit SPG Unit	Received 03/29/2016 11:30
DOB 02/06/1986	Provider Elizabete Santos, DO	Reported 03/29/2016 13:38
Sex M		LIS ID 089161506

CHEMISTRY

Sodium	140	137-148	mmol/L
Potassium	4.6	3.5-5.0	mmol/L
Chloride	102	99-114	mmol/L
CO2	28	22-30	mmol/L
BUN	11	7-22	mg/dL
Creatinine	0.81	0.66-1.25	mg/dL
eGFR (IDMS)	>60		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.6	8.5-10.9	mg/dL
Glucose	81	70-110	mg/dL
AST	20	11-55	U/L
ALT	32	11-66	U/L
Alkaline Phosphatase	45	41-133	U/L
Bilirubin, Total	0.7	0.2-1.3	mg/dL
Total Protein	6.5	6.0-8.2	g/dL
Albumin	3.8	3.6-5.1	g/dL
Globulin	2.7	2.0-3.7	g/dL
Alb/Glob Ratio	1.40	1.00-2.30	
Anion Gap	10.4	9.0-19.0	
BUN/Creat Ratio	13.0	5.0-30.0	
Cholesterol	139	<200	mg/dL
Triglycerides	73	10-150	mg/dL
HDL Cholesterol	40	40-60	mg/dL
LDL Cholesterol (calc)	84	0-130	mg/dL
Chol/HDL Ratio	3.5	0.0-4.0	

LCDR Brian Buschman, MD

MAR 31 2016

CC ALLENWOOD

HEMATOLOGY

WBC	L	3.5	4.3-11.1	K/uL
RBC	L	4.44	4.46-5.78	M/uL
Hemoglobin		14.0	13.6-17.6	g/dL
Hematocrit		43.0	40.2-51.4	%
MCV	H	96.8	82.5-96.5	fL
MCH		31.5	27.1-34.9	pg
MCHC	L	32.6	33.0-35.0	g/dL
RDW		13.6	12.0-14.0	%
Platelet		147	130-374	K/uL
MPV		10.4	6.9-10.5	fL

C. Craig, PA-C
USP Allenwood
MAR 30 2016

FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name PINSON, JEREMY	Facility USP Allenwood	Collected 03/28/2016 11:30
Reg # 16267-064	Order Unit SPG Unit	Received 03/29/2016 11:30
DOB 02/06/1986	Provider Elizabete Santos, DO	Reported 03/29/2016 13:38
Sex M		LIS ID 089161506

HEMATOLOGY

Neutrophils %	53.6		%
Therapeutic decision making should be based on absolute values, rather than percentages			
Lymphocytes %	30.0		%
Monocytes %	12.8		%
Eosinophils %	2.2		%
Basophils %	1.4		%
Neutrophils #	1.9	1.9-6.7	K/uL
Lymphocytes #	L 1.1	1.3-3.7	K/uL
Monocytes #	0.5	0.3-1.1	K/uL
Eosinophils #	0.1	0.0-0.5	K/uL
Basophils #	0.1	0.0-0.1	K/uL

HEMOGLOBIN A1C

Hemoglobin A1C	5.3	<5.7	%
5.7 - 6.4 Increased Risk			
> 6.4 Diabetes			

C. Craig, PA-C
USP Allenwood
MAR 30 2016

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

LabCorp

Laboratory Corporation of America

LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 088-827-1563-0		Patient ID 16267-064		Control Number D5237501325	Account Number 37501325	Account Phone Number 570-547-0963	Route 00
Patient Last Name PINSON				Account Address			
Patient First Name JEREMY		Patient Middle Name		USP Allenwood			
Patient SS#		Patient Phone		Att Health Svcs James Potope			
Age (Y/M/D) 30/01/22		Date of Birth 02/06/86		Rte 15 2M PO Box 2500			
Sex M		Fasting No		WHITE DEER PA 17887			
Patient Address				Additional Information			
Date and Time Collected 03/28/16 00:00	Date Entered 03/29/16	Date and Time Reported 03/29/16 10:11ET	Physician Name	NPI	Physician ID		

Testosterone, Serum; Estradiol

Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

Testosterone, Serum

Testosterone, Serum

137

Low

ng/dL

348 - 1197

01

Comment:

Adult male reference interval is based on a population of lean males up to 40 years old.

Estradiol

Estradiol

41.1

pg/mL

7.6 - 42.6

01

Roche ECLIA methodology

Please Note:

Information released to FDA by different reagent manufactures has identified cross reactivity between Fulvestrant, a drug used in the treatment of metastatic breast cancer, and immunoassays; leading to falsely elevated estradiol results. Any patient known to be on a Fulvestrant regimen can be tested for Estradiol using LabCorp assay "Estradiol, Sensitive (LC/MS) test number 140244" which does not exhibit Fulvestrant interference.

01 RN LabCorp Raritan
69 First Avenue, Raritan, NJ 08869-1800 Dir: Araceli B Reyes, MD
For inquiries, the physician may contact Branch: 800-631-5250 Lab: 800-631-5250

C. Craig, PA-C
USP Allenwood
MAR 2 2016

PINSON, JEREMY	16267-064	088-827-1563-0	Seq # 8272
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03/29/16 10:11 ET

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 800-631-5250

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DOC1 Ver: 1.49

Ex. 3, Attach. A, p. 486

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	03/31/2016 06:40	Race:	WHITE
		Facility:	ALP

Reviewed by Buschman, Brian MD on 03/31/2016 08:17.

BP-A0690
JUN 10

CONSENT TO USE OF BENZODIAZEPINES

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, JEREMY PINSON, Reg. # 16267-064 hereby authorize Dr. Sharretts, Ray DO or his/her relief (designee), to prescribe (Circle One) diazepam (Valium), lorazepam (Ativan), alprazolam (Xanax), clonazepam (Klonopin), temazepam (Restoril), or triazolam (Halcion) an antianxiety medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. This medication is useful because it has been found to be effective in treating anxiety and its associated symptoms including constant worry, apprehension, restlessness, fatigue, difficulty in concentration, irritability, and sleep disorder. This medication may also be effective in treating other related disorders, such as panic disorder, phobias, and Post Traumatic Stress Disorder.

2. This medication may improve your condition by relieving all or some of disorders or symptoms mentioned above.

3. Common side effects to this medication include, but are not limited to, drowsiness, dizziness or lightheadedness, headache, tiredness, decreased memory and recall, excitability, agitation or nervousness. These effects are frequently temporary or can be controlled with a change in dosage. These medications have also been proven to cause both physical and psychological dependence and abrupt withdrawal may cause seizures or blackouts.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

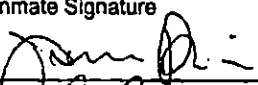
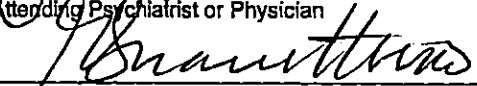
4. Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of anxiety and related disorders may get better or even go away without taking medication.

5. Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Alternative treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient is not competent to give consent.
Physician Signature _____

Other Issues Discussed: anxiety; mood lability; chronic tension/worry

The patient certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions. Lines 1-5 above have been explained to the patient and based upon interview, assessment, and medical record review, it is the opinion that this patient understands the proposed treatment, and is competent to give consent. The patient may stop taking this medication at any time by contacting the physician, however, discontinuing the medication abruptly is generally not advisable.

Inmate Signature 	Inmate Number 16267-064	Date 3-24-2016
Attending Psychiatrist or Physician 		Date 3/24/2016

ALP--ALLENWOOD USP

PDF

Ray Sharretts, DO

Prescribed by P6010

Replaces BP-S690 dtd May 00

MAR 24 2016

FCC ALLENWOOD

BP-A0694
JUN 10

CONSENT TO USE OF MISCELLANEOUS ANTIDEPRESSANT

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, JEREMY PINSON, Reg. # 16267-064 hereby authorize Dr. Buschman, Brian MD or his/her relief (designee), to prescribe (Circle One) trazodone (Desyrel), nefazodone (Serzone), bupropion (Wellbutrin), venlafaxine (Effexor), mirtazapine (Remeron), duloxetine (Cymbalta), Desvenlafaxine (Pristiq) an antidepressant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. This medication is useful because it has been found to be effective in treating depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as obsessive-compulsive disorders, panic disorders, or insomnia.

2. This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. Common side effects to this medication include, but are not limited to, dry mouth, blurred vision, constipation, tremor, drowsiness, dizziness, headache, tiredness, insomnia, nausea, fast or irregular heartbeat, decreased appetite, weight loss or weight gain, and increased sweating. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaints include, lack of energy, sleep disturbances, hallucinations, flushing, and decreased sex drive. Seizures are more common when taking Bupropion. Priapism (painful, prolonged erections) are an uncommon side effect of Trazodone. We have reviewed the fact that if you have conditions such as liver or kidney function impairment, or a history of mania, it may be preferable to use other medication.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this medication.

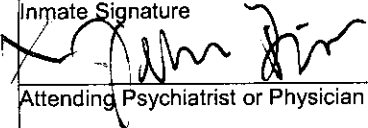

5. Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent.

Physician Signature _____

Other Issues Discussed: Bipolar and nerve pain

The patient certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions. Lines 1-5 above have been explained to the patient and based upon interview, assessment, and medical record review, it is the opinion that this patient understands the proposed treatment, and **is competent** to give consent. The patient may stop taking this medication at any time by contacting the physician, however, discontinuing the medication abruptly is generally not advisable.

Inmate Signature 	Inmate Number 16267-064	Date 3-22-2016
Attending Psychiatrist or Physician 	LCDR Brian Buschman, MD Date	

PDF

Prescribed by P6010

MAR 22 2016

Replaces BP-S694 dtd May 00

ALP--ALLENWOOD USP

FCC ALLENWOOD

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

3-10-2016

Date

I, JEREMY PINSON 16267-064, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Schizoaffective disorder

The following treatment(s) was/were recommended:


Seroquel

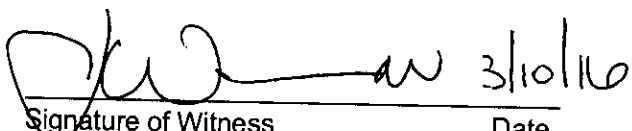
Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

Without the medication you could suffer from severe depression, anxiety and possibly suicidal ideation and possible death related to suicide.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

WALDMAN, J. RN 3-10-2016
Counseled by Date

 3/10/16
Patient's Signature Date

 3/10/16
Signature of Witness Date
J. Waldman RN
USP Allenwood.

ALP--ALLENWOOD USP

Medication Administration Record

Facility: ALLENWOOD USP

Prescriptions			Time	03/10/16	03/11/16	03/12/16	03/13/16	03/14/16	03/15/16	03/16/16
Ord. Date 02/25/16 09:24 Exp. Date 03/10/16 09:23 189998-FLX	PINSON, JEREMY 16267-064 Take two tablets (650 MG) by mouth four times daily for 14 days AS NEEDED - no refills Acetaminophen 325 MG Tab	Rattan, Sattinder (0) Refills	(PRN)	X	X	X	X	X	X	X
Ord. Date 11/13/15 07:16 Exp. Date 11/07/16 07:15 184566-FLX	PINSON, JEREMY 16267-064 shake well and Inhale 2 puffs by mouth four times daily as needed Albuterol Inhaler HFA (6.7 GM) 90mcg	Oba, D. MD (10) Refills	(PRN)	X	X	X	X	X	X	X
Ord. Date 12/16/15 02:00 Exp. Date 06/13/16 01:59 185950-FLX	PINSON, JEREMY 16267-064 ***pill line*** Apply one patch transdermally once weekly on Wednesdays - nonformulary expires 11/20/16 Estradiol 0.1 MG/24HR Patch (Once-weekly)	Oba, D. MD (3) Refills	0600	X	X	X	X	X	X	
Ord. Date 11/13/15 10:00 Exp. Date 05/11/16 09:59 184568-FLX	PINSON, JEREMY 16267-064 ***pill line*** Take three tablets (1800 MG) by mouth twice daily ***crush/empty*** Gabapentin 600 MG Tab	Oba, D. MD (2) Refills	0600 1700	X X	X X	X X	X X	X X	X X	X X
Ord. Date 03/02/16 13:43 Exp. Date 03/17/16 13:42 190465-FLX	PINSON, JEREMY 16267-064 Take one tablet by mouth twice daily for 15 days metroNIDAZOLE 500 MG Tab	Oba, D. MD (0) Refills	0600 1700	X X	X X	X X	X X	X X	X X	X X
Ord. Date 11/13/15 07:17 Exp. Date 05/11/16 07:16 184570-FLX	PINSON, JEREMY 16267-064 Inhale 2 puffs by mouth twice daily - rinse mouth after use Mometasone Furoate Inhal 220 MCG/Inh (60	Oba, D. MD (9) Refills	0600 1700	X X	X X	X X	X X	X X	X X	X X
Ord. Date 11/13/15 07:18 Exp. Date 05/11/16 07:17 184571-FLX	PINSON, JEREMY 16267-064 ***pill line*** Take one tablet by mouth each evening *Consent form on file * Perphenazine 8 MG Tab	Oba, D. MD (2) Refills	1700	X	X	X	X	X	X	X
Ord. Date 03/02/16 10:00 Exp. Date 04/01/16 09:59 190467-FLX	PINSON, JEREMY 16267-064 ***pill line*** Take one capsule by mouth twice daily ***crush/empty*** - last dose 4/1/16 MORNING - nonformulary expires 11/5/16 Pregabalin 75 MG Cap UD	Oba, D. MD (1) Refills	0600 1700	X X	X X	X X	X X	X X	X X	X X

Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

DOB: 02/06/86

HT: 72

WT: 280

Physician: Oba, D. MD

Pt. Name: PINSON, JEREMY

Allergies: Potassium Chloride, Fish-derived Products, Peanut-containing Drug Products, Shellfish-derived Products

Registration #: 16267-064

Unit: Z01-101LAD

Medication Administration Record

Facility: ALLENWOOD USP

Prescriptions			Time	03/10/16	03/11/16	03/12/16	03/13/16	03/14/16	03/15/16	03/16/16
Ord. Date	PINSON, JEREMY	Oba, D. MD		X	X	X	X	X	X	X
01/14/16	16267-064	(4) Refills								
10:00	***pill line*** Take two capsules (200 MG) by									
Exp. Date	mouth each morning									
07/12/16										
09:59										
187972-FLX	Progesterone Micronized Cap 100 MG									
Ord. Date	PINSON, JEREMY	Oba, D. MD	1700	X	X	X	X	X	X	X
01/04/16	16267-064	(3) Refills								
10:00	***pill line*** ***crush/empty*** Take one tablet									
Exp. Date	by mouth each evening									
07/02/16										
09:59										
187208-FLX	QUETiapine 100 MG Tab									
Ord. Date	PINSON, JEREMY	Oba, D. MD	1700	X	X	X	X	X	X	X
11/19/15	16267-064	(3) Refills								
10:00	***pill line*** Take two tablets (400 MG) by									
Exp. Date	mouth each evening ***crush/empty***									
05/17/16	*Consent form on file *									
09:59										
184852-FLX	QUETiapine 200 MG TAB									
Ord. Date	PINSON, JEREMY	Oba, D. MD	0600	X	X	X	X	X	X	X
02/01/16	16267-064	(4) Refills								
10:00	***pill line*** Take two tablets (4 MG) by mouth		1700	X	X	X	X	X	X	X
Exp. Date	twice daily									
07/30/16										
09:59										
188637-FLX	Trihexyphenidyl 2 MG Tab									
Ord. Date	PINSON, JEREMY	Rattan, Sattinder								
16267-064										
Exp. Date										
Order										
Ord. Date	PINSON, JEREMY	Rattan, Sattinder								
16267-064										
Exp. Date										
Order										
Ord. Date	PINSON, JEREMY	Rattan, Sattinder								
16267-064										
Exp. Date										
Order										
Ord. Date	PINSON, JEREMY	Rattan, Sattinder								
16267-064										
Exp. Date										
Order										

Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

DOB: 02/06/86

HT: 72 WT: 280

Physician: Rattan, Sattinder MLP

Pt. Name: PINSON, JEREMY

Allergies: Potassium Chloride, Fish-derived Products, Peanut-containing Drug Products, Shellfish-derived Products

Registration #: 16267-064 Unit: Z01-101LAD

BP-A1058

MAY 14

RESTRICTIVE HOUSING MENTAL HEALTH EVALUATION - FOLLOW-UP REVIEW

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS


This Mental Health Screening is a multistage instrument designed to assist with the identification of inmates' mental health diagnosis and treatment needs while in a restricted housing setting. This protocol is administered initially and an abbreviated protocol is used for subsequent anniversaries.

The first three sections of the tool are performed in every administration and include Records Review, Behavioral Observation, and Clinical Interview. If diagnostic questions persist following the Clinical Interview, the fourth section, Objective Psychological Testing is conducted.

The results of this assessment are documented in a Diagnostic and Care Level Formulation in PDS with the completed protocol linked to the note as an attachment.

The goals of the protocol are as follows:

- Engage inmates in a collaborative process with psychology staff to build rapport identify problems, and determine appropriate interventions, if necessary
- Conduct a thorough diagnostic assessment
- Document a diagnosis, a brief conceptualization, a mental health care level, and recommendations for type, frequency, and intensity of care in the Diagnosis and Care Level Formulation Note in PDS

A. Brockman, Psy. D. 

Psychologist

FCC Florence, FPC/FCI/USP/ADX

Florence, CO 81226

Records Review

This portion of the review is conducted as a component of each evaluation. It examines historical and recent markers of mental illness in the record. It can be conducted by a psychology technician or secretary.

Review of PDS

Were any of the following conducted in the last six months?

Suicide Risk Assessment

☒

Crisis Intervention Contact

☒

Suicide Risk Management Plan/Safety Plan

☒

Disruptive Behavior Intervention

☒

Restraints Review

☒

What is the inmate's mental health care level?

☒

Does the inmate have a mental health diagnosis?

☒

Is the inmate on psychotropic medication?

☒
Review of Sentry

How many incident reports were received in the last six months?

☒

Is cognitive impairment, mental illness or suicide attempt noted on the PPG0?

☒

A. Brockman, Psy. D.

Psychologist

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Florence, CO 81226

Behavioral Observation

This portion of the review is a component of each evaluation and examines behavioral markers of mental illness. It requires a brief interview and observation of the inmate in his or her living space, which is conducted by a psychologist at the cell door followed by a discussion with custody staff who work in the restrictive housing unit.

Is the inmate's personal hygiene or cell sanitation significantly below average?

☒

Is the inmate sometimes confused about person, place, or date/time?

☒

Does the inmate sleep normally and appear rested?

☒

Is there anything noteworthy about the inmate's appetite or eating habits?

☒

Does the inmate ever appear agitated?

☒

Does the inmate sleep normally and appear rested?

☒

Is speech pressured or is there a poverty of speech?

☒

Are thoughts tangential, confused, or paranoid?

☒

Are emotions blunted or inappropriate to the content of speech?

☒

Do staff observations suggest possible mental health concerns?

☒

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Psychologist

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Florence, CO 81226

Clinical Interview

This portion of the review is conducted with all inmates. It uses rapport building, clinical questioning, and behavioral observations to determine whether an inmate has a current mental health diagnosis and to determine the frequency and intensity of care required. It is conducted in a private room by a psychologist and may last for one or two sessions.

SOCIAL BACKGROUND:

Spouse/Primary Partner:

Do you have a spouse or primary partner?



Notes:

Children:

Do you have children?



Notes:

A. Brockman, Psy. D.
Psychologist
FCC Florence, FPC/FCI/USP/ADX
Florence, CO 81226



Parents/Childhood

Is your mother living?

☒ yes

Is your father living?

☒ yes

phone

Notes:

Any significant issues in childhood?

☒ Exposure to Mental Illness

☒ Sexual Abuse

☒ Emotional Abuse

☒ Neglect

☒ Extreme Poverty

☒ Physical Abuse

☐ Exposure to Criminality

☒ Exposure to Substance Abuse

☐ None

☐ Other

Notes:

A. Brockman, Psy. D.

Psychologist

FCC Florence, FPC/FCI/USP/ADX
Florence, CO 81226

CRIMINALITY:

Current Offense:

What is your current offense:

Threatening the president

In your opinion, why are you in prison?

I broke the law

What is the total amount of time you have spent in prison?

Since 12/10

Notes:

Substance Abuse:

Have you abused alcohol or drugs?

☒

Cannabis, K2, Meth

Are you interested in substance abuse treatment?

☒

Notes:

Physical Health:

Do you have any serious illnesses?

☒

Have you ever hit your head or been knocked unconscious?

☒

Notes:

Recent colon surgery - for swallowing piece of glasses

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Psychologist

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Florence, CO 81225

Inmate:

Register #:

Mental Health:**Mental Health Treatment History:**

Have you received mental health treatment in the past?

☒ *yes*

Notes:

Inmate was a participant on Secure STARS MH Unit

What problems diagnosis have you received for treatment for in the past?

☒ *Mood Disorder*☒ *Anxiety Disorder*☒ *Psychotic Disorder*☐ *Developmental/Learning Disability*☒ *Personality Disorder*☐ *Other*

Notes:

*Current DX's include Anxiety & Gender Dysphoria
ASPD***Current Symptoms:**

Which of the current symptoms are you currently experiencing?

☒ *Depression*☐ *Trouble Sleeping*☒ *Anger/Irritability*☐ *Hallucinations/Delusions*☒ *Mood Swings*☐ *Nightmares*☒ *Agitation*☐ *Impulsivity*☐ *Anxiety/Tension*☐ *Trouble Understanding,
concentrating, or remembering*☐ *Other(s)*

Are you presently taking any psychotropic medications?

☒ *yes**A. Brockman, Psy. D.**Psychologist**FCC Florence, FPC/FCI/USP/ADX
Florence, CO 81225*

Self Harm History:

Have you experienced thoughts of suicide in the past?

yes

Have you ever engaged in intentional acts of self-harm?

yes

Have you ever attempted suicide?

yes

Are you currently experiencing thoughts of suicide?

no

Notes:

Mental Illness:

Have you ever participated in mental health treatment before?

yes

Are you interested in mental health treatment?

yes

Notes:

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Florence, CO 81226

an

PERSONAL GOALS

How do you feel about your placement in restrictive housing?

deteriorates my mental health

How do you spend your time in restrictive housing?

summarizing & being intable; legal work

What would help you manage your time in restrictive housing? Discuss relevant programs and interventions.

Being an orderly, being in groups, inv tx, mentoring

What are your personal goals?

Right things that are wrong; getting out of seg.

What would help you achieve your goals?

Maintain clear conduct / change perception

A. Brockman, Psy. D.

Psychologist

FCC Florence, FPC/FCI/USP/ADX

Florence, CO 81226

Objective Psychological Testing

This portion of the review is conducted only if a clear diagnosis cannot be determined through the previous procedures. It involves administration and interpretation of objective assessment measures by a psychologist, to determine a mental health diagnosis and the frequency and intensity of care required.

The following tests were administered to assist in refining the diagnosis:

Personality Inventories

- ☐ MMPI-2RF
- ☐ MCMI-III
- ☐ PAI

Intellectual and Cognitive Assessments

- ☐ WAIS-IV Short (Form or Standard)
- ☐ KBIT
- ☐ SILS (Shipley)
- ☐ MMSE

Malingering Assessment

- ☐ SIRS
- ☐ M-FAST

Other

A. Brockman, Psy. D.
Psychologist
FCC Florence, FPC/FCI/USP/ADX
Florence, CO 81226





Specimen ID: 062-166-0746-0

Control ID: DUG05210405

PINSON, JEREMY

Patient Report

Acct #: 05210405

Phone: (719) 784-5496

Rte: 99

FCC Florence

Attn: Health/Lab Services

5880 State Hwy 67 South

FLORENCE CO 81226



Patient Details

DOB: 02/06/1986

Age(y/m/d): 030/00/25

Gender: M SSN:

Patient ID: 16267-064

Specimen Details

Date collected: 03/02/2016 1100 Local

Date entered: 03/02/2016

Date reported: 03/06/2016 1207 Local

Physician Details

Ordering:

Referring:

ID: OBA,D

NPI:

General Comments & Additional Information

Clinical Info: SRC: ABDOMEN

Alternate Control Number: Not Provided

Alternate Patient ID: 16267-064

Ordered Items

Anaerobic and Aerobic Culture; Sensitivity Organism #1

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Anaerobic and Aerobic Culture						
Anaerobic Culture						
Final report	Abnormal					01
Result 1						
Final report	Abnormal					01
ANAEROBIC GRAM NEGATIVE ROD HAS BEEN PRESUMPTIVELY IDENTIFIED AS						
PREVOTELLA/PORPHYMONAS SPECIES						
Aerobic Culture						
Final report	Abnormal					01
Result 1						
Escherichia coli	Abnormal					01
Light growth						
Result 2	Abnormal					01
Coagulase negative Staphylococcus species.						
Moderate growth						
Antimicrobial Susceptibility						01
** S = Susceptible; I = Intermediate; R = Resistant **						
P = Positive; N = Negative						
MICS are expressed in micrograms per mL						
Antibiotic	RSLT#1	RSLT#2	RSLT#3	RSLT#4		
Amoxicillin/Clavulanic Acid	S					
Ampicillin	S					
Cefepime	S					
Ceftriaxone	S					
Cefuroxime	S					
Ciprofloxacin	S					
Ertapenem	S					
Gentamicin	S					
Imipenem	S					
Levofloxacin	S					
Piperacillin	S					
Tetracycline	S					
Tobramycin	S					
Trimethoprim/Sulfa	S					

Date Issued: 03/07/16 1142 ET

FINAL REPORT

Page 1 of 2

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Ex. 3, Attach. A, p. 503



Patient Report

Patient: PINSON, JEREMY
DOB: 02/06/1986

Patient ID: 16267-064

Control ID: DUG05210405

Specimen ID: 062-166-0746-0
Date collected: 03/02/2016 1100 Local

01	DV	LabCorp Denver 8490 Upland Drive, Englewood, CO 80112-7115	Dir: Brian Poirier, MD
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For inquiries, the physician may contact **Branch: 303-792-2600 Lab: 800-795-3699**

Date Issued: 03/07/16 1142 ET

FINAL REPORT

Page 2 of 2

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Ex. 3, Attach. A, p. 504

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	PINSON, JEREMY VAUGHN	Reg #:	16267-064
Date of Birth:	02/06/1986	Sex:	M
Scanned Date:	03/07/2016 13:25	Race:	WHITE
		Facility:	ALP

Reviewed by Giron, Leonardo MD/CD on 03/10/2016 15:48.

Bureau of Prisons, Transgender Resource Guide



FEDERAL BUREAU OF PRISONS

TRANSGENDER

RESOURCE GUIDE

November 2014

Introduction

This document serves as a resource guide for Bureau of Prisons (BOP) staff working with inmates diagnosed with Gender Dysphoria (GD), by compiling information from various sources, such as BOP policies, the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5), World Professional Association for Transgender Health (WPATH) standards, and regulations promulgated under the Prison Rape Elimination Act (PREA).

Please note that this resource guide is meant to assist staff in working with inmates with GD by providing general information.¹ The Master Agreement, regulations, and policy, should be followed at all times. Clinicians should also use the most up to date DSM and medical criteria. Further, specific practices will need to be determined by institution staff, based on an inmate's individual treatment needs.

Definitions

GD is defined by DSM-5 as, "A strong and persistent cross-gender identification. It is manifested by a stated desire to be the opposite sex and persistent discomfort with his or her biologically assigned sex."

Other terms which may useful include:

- ▶ **Gender** – a psychosocial construct used to classify a person as man, woman, both or neither. Gender encompasses all relational aspects of social identity, psychological identity, and human behavior.
- ▶ **Gender identity** – a person's sense of their own gender, which is communicated to others by their gender expression.
- ▶ **Gender expression** – includes mannerisms, clothing, hair style and choice of activities
- ▶ **Transgender** – can often be used instead of GD. It is the state of one's gender not matching one's assigned sex. It does not imply any form of sexual orientation
- ▶ **Sexual orientation** – the direction of one's sexual interest towards members of the same, opposite or both genders
- ▶ **Heterosexual** – a person attracted to the opposite sex
- ▶ **Homosexual** – a person attracted to the same sex
- ▶ **Lesbian** – a female homosexual
- ▶ **Gay** – a person of homosexual orientation, mostly reserved for male homosexuals
- ▶ **Bisexual** – a person attracted to both sexes
- ▶ **Asexual** – a person not attracted to either sex
- ▶ **Intersex** - a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical biological definitions of male or female.

¹ In May, 2013, the DSM updated its terminology, changing "Gender Identity Disorder" or "GID" to "Gender Dysphoria" or "GD". Although GID is used in references from before the change in the DSM, this document uses GD for consistency purposes.

Standards for Assessment of GD

Identification of GD involves two important components: 1) the diagnosis of GD; and 2) a comprehensive assessment of affective, cognitive, and psychosocial factors that determine the optimal approach to clinical care.

The DSM-5 criteria for a diagnosis of GD are:

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The comprehensive assessment includes a large number of factors for consideration in determining the optimal clinical care for each GD inmate. It is necessary for the clinician to explore the complex interplay between diagnostic and psychosocial factors present in the inmate's current social environment. The presence of co-morbid mental disorders further complicates the diagnostic picture. To conduct a comprehensive assessment, the following sources of data should be considered:

- Psychosocial evaluation, including a review of the inmate's developmental history (especially with reference to gender identity), history of sexual behavior, mental health history, and anticipated family and social support upon release.
- Review of institution adjustment, including review of sexual behavior in prison; current relations with inmate peers; level of identification with subpopulations in the correctional environment; current or anticipated safety concerns in the institution; and history of sexual victimization in prison.
- Mental status examination: 1) as part of an assessment to determine an appropriate diagnosis, and 2) as a review of such mental status factors such as level of insight, judgment, etc.
- Psychometric testing may be considered as part of an assessment to determine an appropriate diagnosis.
- Medical history and physical assessment.

Examples of factors to consider in determining optimal clinical care:

- Antisocial personality disorder may have a bearing on the inmate's motivation for seeking treatment;
- Borderline personality disorder may reflect longstanding issues of personal identity, problems with judgment or impulsivity, affective instability, etc.
- A pattern of lifestyle instability may also reflect a pattern of inconsistency in following through on stated plans or intentions;

- The presence of a paraphilia or sexual deviancy may suggest a need for treatment of a psychosexual disorder; and
- Peer associations and institution conduct may have a bearing on the inmate's motivation for seeking treatment (desire for approval from inmate peers; desire to allay concerns for personal safety; etc.).

These factors will need to be considered when determining the optimal approach to inmate care. Treatment options include:

- Supportive psychotherapy to validate the inmate's gender identity concerns, fostering self-acceptance and appropriate adjustment in the correctional setting.
- Psychotherapy to address co-morbid conditions such as borderline personality disorder (e.g., focusing on management of risk of self-harm).
- Psycho-educational interventions to review the full range of treatment options and their short-term and long-term implications; and/or
- Release counseling to assist the inmate in preparing for his/her return to the community and reintegration into his/her family.

General Treatment Methods for GD

The WPATH standards are an information resource which may provide guidance on medical and mental health treatment, which may include education, counseling, medical evaluations, hormone treatments, "real-life" experience, and, in some but not all cases, sexual reassignment surgery.

The WPATH standards define three stages of treatment for GD:

Stage 1: This is the evaluation stage where patients with possible GD are identified. A diagnosis can be made at this stage and individual or group therapy can begin if indicated. Education about GD is an important part of this stage as well.

Stage 2: If applicable, a referral to a health care provider for hormone therapy is made at this stage. This stage is also used for confirmation of the diagnosis of GD. There is continuing individual or group therapy if indicated as well.

Stage 3: At this stage, health care providers monitor gender role transition, and serve as an authoritative intermediary in matters pertaining to work and family. If applicable, providers make referral for gender reassignment surgery after an appropriate time in the preferred gender role. Post-operative follow-up is scheduled as necessary.

Medical Treatment in BOP Facilities

Program Statement 6031, Patient Care, section 30, states²:

"Inmates with a possible diagnosis of GD, including inmates who assert they have GD, will receive thorough medical and mental health evaluations from medical professionals with basic competence in the assessment of the DSM-5/ICD-10 sexual disorders and who have participated in BOP's GD training, including the review of all available community health records. The evaluation will include an assessment of the inmate's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-process surgical interventions, real life experience consistent with the inmate's gender identity, private expressions that conform to the preferred gender and counseling). If a diagnosis of GD is reached, a proposed treatment plan will be developed which promotes the physical and mental stability of the patient.

"The development of the treatment plan is not solely dependent on services provided or the inmate's life experiences prior to incarceration. The treatment plan may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy and counseling. Treatment plans will be reviewed regularly and updated as necessary.

"Current, accepted standards of care will be used as a reference for developing the treatment plan. All appropriate treatment options prescribed for inmates with GD in currently accepted standards of care will be taken into consideration during evaluation by the appropriate medical and mental health care staff. Each treatment plan or denial of treatment must be reviewed by the Medical Director or BOP Chief Psychiatrist. Hormone therapy must be requested through the non-formulary review process, and approved by the Medical Director and /or Chief Psychiatrist. Consultation with the Chief of Psychology prior to such approval may be appropriate in some cases.

"In summary, inmates in the custody of the Bureau with a possible diagnosis of GD will receive a current individualized assessment and evaluation. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration."

Specifically, treatment should involve the following:

- Inmates with GD will receive thorough medical and mental health evaluations, including the review of all available community records. The evaluation will include an assessment of the inmate's treatment prior to incarceration (including hormone therapy, completed or in-process surgical interventions, and on-going counseling).
- A proposed treatment plan will be developed which promotes the physical and mental stability of the patient. Current, published standards of care may be used as a reference when developing the treatment plan. If a plan includes advancing the treatment for a patient with GD, i.e. hormones, the Chief of Psychiatry for the BOP will be notified.

² Please insure most current version of policy is applied in individual cases.

- An endocrinology consult should be obtained in the case of many inmates with GD, especially those who have not been on hormones before and wish to start treatment.
- The Chief of Psychiatry will review the case and outside records, and will consult with the Medical Director and Chief of Psychology to determine the best course of action for this inmate, which may include hormone therapy.
- Should a GD diagnosis be made, continued psychological counseling will be offered if warranted.
- The Chief of Psychiatry will consult with the Medical Director and Chief of Psychology to determine if advancement of therapy, such as the beginning of a hormone regimen, is medically indicated. Each inmate will be individually evaluated on a case-by-case basis. Medication administration will be documented through the non-formulary review process. The approval of the Chief of Psychiatry is required.
- Findings and course of treatment should be documented fully in PDS/BEMR

Hormone Therapy

As noted above, providing an inmate hormone therapy may be an appropriate measure to address GD. However, hormone therapy may have potential side effects that need to be considered by the clinician, and by the inmate requesting the treatment.

Estrogen use may increase the risks of cardiovascular disease including hypertension, myocardial infarction, stroke, pulmonary emboli, and deep vein thrombosis. Estrogen users may notice a decrease or an increase in libido. Males taking estrogens may experience erectile dysfunction, impotence, and decrease in the size of the testicles.

Other side effects include breast enlargement, dark brown patches on the skin, headache, depression, migraines, elevated cholesterol levels, pancreatitis, and gallbladder disease.

Long term use of estrogens is linked to the development of endometrial cancer in women and breast cancer in both males and females. Estrogen use in males may contribute to the development of prostate cancer.

Contraindications for estrogen use are a strong family history of breast cancer or a lactotroph adenoma. Contraindications for androgen use are lipid disorders with cardiovascular complications. Contraindications for the use of either androgen or estrogen include: Cardiovascular disease, cerebrovascular disease, thromboembolic disease, marked obesity, poorly controlled diabetes, and active liver disease.

Side effects of testosterone may include gynecomastia, extensive urination, hirsutism, acne, retention of electrolytes, nausea, jaundice, suppression of clotting factors, headache, anxiety and depression.

Contraindications for testosterone use are a known hypersensitivity to the drug, males with carcinoma of the breast, males with known or suspected carcinoma of the prostate gland, woman who are or may become pregnant, or inmates with serious cardiac, hepatic or renal disease.

Psychology Services

Bureau psychologists are available to provide assessment and treatment services for inmates with GD, using the DSM-5 to diagnose GD, if appropriate. If a diagnosis of GD is rendered, the psychologist will provide the inmate with information regarding the range of treatment options available in the Bureau and their implications. In addition, based upon the psychologist's preliminary assessment and the inmate's expressed interest, a referral to the Medical Director and/or Chief of Psychiatry may be generated.

In addition to a referral to medical services, inmates with GD may also be offered individual psychotherapy. Individual psychotherapy goals for inmates with GD might include: (1) helping the inmate live more comfortably within a gender identity and to deal effectively with non-gender issues; (2) emphasizing the need to set realistic life goals related to daily living, work, and relationships, including family of origin; (3) seeking to define and address issues which may have undermined a stable lifestyle, such as substance abuse and/or criminality; and (4) addressing any co-occurring mental health issues. Mood disorders, anxiety disorders, substance use disorders, and personality disorders, etc., may co-occur with GD and any effective treatment plan will fully address these symptoms, if present.

If an institution has multiple inmates with GD, group psychotherapy facilitated by a psychologist may also be a component of the treatment plan. Common concerns of inmates with GD, which may be addressed effectively in a group setting, include self-esteem issues and relationship issues.

Psychologists who provide mental health treatment for GD should maintain their professional set concerning suicide/crisis intervention skills and the ability to identify differential mental health diagnoses, and should further develop if necessary a capacity to promote awareness of GD needs and issues; and an overall understanding of basic gender and sexual identify concerns.

Psychologists working with inmates with GD are encouraged to consult the Psychology Services Branch and Health Services Division in Central Office for additional resources.

Initial Designation

The PREA regulations, incorporated into BOP Program Statement 5324.11, Sexually Abusive Behavior Prevention and Intervention Program, states, "In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates . . . the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems." See 28 C.F.R. § 115.42 (c).

As with all inmates, designation will be determined at the BOP's Designation and Sentence Computation Center (DSCC). Such decisions are made by weighing several factors, to include the inmate's security level, custody level, and anticipated level of required health care and programmatic requirements.

Intake Screening

The PREA regulations, incorporated into BOP Program Statement 5324.11, Sexually Abusive Behavior Prevention and Intervention Program, states, "The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization . . . Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming . . ." See 28 C.F.R. § 115.41 (d).

Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions about being gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. See 28 C.F.R. § 115.41 (h).

Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, learning that information as part of a broader medical examination conducted in private by a medical practitioner. See 28 C.F.R. § 115.15(e). This provision does not limit searches of inmates to ensure the safe and orderly running of the institution.

Housing and Programming Assignments

The PREA regulations, incorporated into BOP Program Statement 5324.11, Sexually Abusive Behavior Prevention and Intervention Program, states, ". . . in making . . . housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems." See 28 C.F.R. § 115.42 (c).

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. See 28 C.F.R. § 115.42 (d).

In making housing or programming assignments, a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. See 28 C.F.R. § 115.42 (e).

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. See 28 C.F.R. § 115.42 (f).

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. See 28 C.F.R. §

115.15 (f). The Correctional Services Branch updates and maintains training materials on conducting pat-down searches of transgender and intersex inmates. Currently, that training instructs that transgender or intersex inmates will present different physical characteristics, which may change over the course of incarceration. Staff members should be mindful of these physical characteristics when conducting pat searches, and adjust procedures accordingly. For example, if a transgendered inmate has or develops breasts, staff should use the back of the hand to conduct a search of this area, as is appropriate for female inmates. (Note: The PREA prohibitions regarding male staff performing pat searches on female inmates does not take effect until August 2015).

Inmates should not be placed in a Special Housing Units (SHU) based solely on the inmate's GD status. In addition, if there has been an identified risk of sexual victimization, an inmate cannot be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. See 28 C.F.R. § 115.43.

Further, an agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. See 28 C.F.R. § 115.42 (g)

Staff Interactions

It is difficult for many staff members to understand that GD inmates genuinely see themselves as the opposite gender, and that being referred to as their biological gender can be irritating and demoralizing for the inmate. Ideally, staff would refer to the inmate as the identified gender once a diagnosis of GD has been given to the inmate by mental health staff. This practice is more likely to facilitate a cooperative relationship between the inmate and staff members, and to reduce the stress of gender transformation in a correctional environment. Please note this is distinct from a legal name change while in BOP custody, which must be done consistent with Program Statement 5800.15, or the most current version of policy.

Clothing and Commissary Items

Typically, GD inmates will want to wear clothing that reflects their identified gender. To the extent possible consistent with security and safety concerns, these inmates should be allowed to dress as the identified gender even if they are not housed with inmates of the identified gender. This practice allows for increased gender comfort, which is an important part of gender transformation. The idea is not to go beyond what the agency allows for the identified gender, but rather to allow items that are typically allowed for the identified gender which may not be readily available at a facility that houses inmates of the biological gender. In other words, items typically allowed to female inmates may not be readily available at a male prison, but should be made available to GD inmates because of their dysphoria. It should not be necessary to go beyond what is typically given to female inmates, however, to facilitate gender comfort.

Multi-Disciplinary Approach

The needs of an inmate with GD may impact several departments at an institution, to include Health Services, Psychology Services, Correctional Services, Legal, Unit Team, etc. It is therefore recommended that the necessary Department Heads consult as needed for treatment issues, and accommodations that may be needed to assist with an inmate's adjustment.

Similarly, if there are specific issues concerning GD treatment of an individual inmate, a Warden or the Chief, DSCC can make a request for further guidance to the Medical Director. The Medical Director will then have the matter reviewed by Health Services, Psychology Services, Correctional Services, the Office of General Counsel, and other appropriate office.

Summary

The most important thing to remember is to treat every inmate with GD as an individual. This Resource Guide can be used as a tool in the multi-disciplinary treatment approach to inmates with GD, but is not the only way to treat the inmate. Please contact local Psychology or Psychiatry Services for further questions.

to inmate grievances submitted in the form of administrative remedies. I respond to such grievances utilizing the inmate's medical record and input from the clinicians when needed. I was not involved with any decisions related to the health care plan for Pinson.

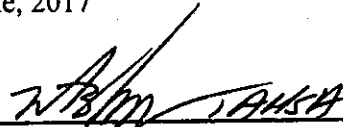
I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

The documents attached to this declaration:

a. are true and correct copies of records maintained by the Bureau of Prisons; b. were created at or near the time of the occurrence of the matters reflected therein by someone with knowledge; or c. were made by the Bureau of Prisons as a regular practice.

I am either custodian of the documents or am otherwise qualified to execute this certification, pursuant to Fed. R. Evid. 803(6) and 902(11).

Executed this 19th day of June, 2017



M. Magyar
AHSA
USP Allenwood

Position Description, Assistant Health Services Administrator

POSITION DESCRIPTION

Assistant Health System Administrator (Assistant Health Services Administrator) GS-0670-12

INTRODUCTION

This position is located at a Federal Correctional Complex (FCC) which consists of multiple institutions of various security levels. Complexes may also include institutions with special medical missions, such as a Federal Medical Center (FMC) or Care Level III populations. As an assistant department manager, the incumbent is responsible for supervision of civilian and United States Public Health Service staff and for assisting in managing, developing, organizing, implementing, and maintaining a diversified health services program for the inmate population. Due to the nature and complexity of this multi-mission operation, an understanding of operating problems involved in working within a FCC is required.

MAJOR DUTIES AND RESPONSIBILITIES

The incumbent in collaboration with the Health Services Administrator (HSA), the Clinical Director, and peer AHSA's, manages and directs the activities of a multi-disciplinary team of health care professionals who are responsible for medical, dental, and allied health services to the inmate population. This requires an understanding of the critical balance between the administrative and clinical functions in the health care delivery system. It also requires the knowledge and skill to coordinate and control programs and resources to achieve this balance, and knowledge to apply the specialized principles and practices of health care management in directing a health care delivery system.

The health care services provided include ambulatory care services, inpatient care at an FMC or in an approved Short Stay Unit (Care Level III), and various types of specialty care in either a FCC setting or at a local hospital. Additionally, the incumbent will be responsible for the oversight of daily clinic operations, emergency services and management of inmates with chronic illnesses. The AHSA may also manage and direct dental and allied health services such as a pharmacy, laboratory, radiology, physical therapy, health information management, and biomedical services, depending on the setting.

Incumbent's responsibilities include program planning, coordination, control, direction and review of all other subordinate elements assigned to Health Services. Monitors and maintains control over essentially the same degree and depth as the supervisor, other than as indicated in the supervision or control over the position.

Incumbent initiates and develops schedules for accomplishing the health care mission of the FCC. Assists and discusses the program plans with assigned providers and ancillary staff. Maintains a knowledge of health care standards and requirements to justify proposals. Maintains a knowledge of the status of key projects through personal oversight and reports status of project, ability to meet program objectives, and any corrective action if required.

Incumbent represents the supervisor in their absence and deals authoritatively in many of the contacts with local officials of other federal agencies, private concerns, and individuals on key matters such as procurement policies and practices, contractual arrangements, construction and modernization contracts that impact health care delivery, space planning and communication systems.

Incumbent plans and coordinates purchases and/or contracts for supplies, equipment, specialty care or ancillary services, and maintains par inventory levels.

Incumbent supervises and evaluates inmates assigned to the Health Service Department. Assists in training inmates in emergency procedures such as fire evacuation, safety, and blood borne exposure control procedures.

In coordination with the HSA and the Clinical Director, the incumbent supervises and evaluates paraprofessional, mid-level practitioners, Physician's Assistants, Nurse Practitioners, and other staff within the medical area. Organizes training for medical personnel within the guidelines of Bureau of Prisons (BOP) medical program standards, American Correctional Association (ACA) standards, and individual medical program standards.

Incumbent advises, administers, supervises or performs administrative, clinical, and technical work involved in the development, coordination, direction, and management of health care unit resources. At some facilities, the incumbent may be required to monitor the assignment of inmates to special housing areas such as medically designated beds, observation units, short stay units, hospice units, etc. In these special housing areas, the AUSA may

be responsible for the housekeeping program with the responsibility for maintaining environmental sanitation commensurate with the medical needs of the inmates housed there.

Incumbent shall participate in and supervise the Quality Assurance/Quality Improvement Program of the health services unit in the FCC. Incumbent will be evaluated on participation in and management of the Quality Assurance/Quality Improvement activities.

Incumbent assists the HSA and Regional HSA to implement the agency's re-entry initiatives including timely Inmate Skills Assessment data entry at admission and evaluation of health status documented in an updated electronic exit summary at release. Assists with monitoring the provision of release medications and electronic transmission of health records to community healthcare providers rendering continued medical or mental health care when applicable.

Incumbent assists the HSA and Regional HSA with reviewing the medical history and current health status of releasing inmates and assessing the appropriateness for and length of stay at Residential Re-entry Center (RRC) or home confinement based on the inmate's required continuity of care for ongoing medical needs.

Supervisory work and related managerial responsibilities constitute a major duty occupying at least 25% of the position's time and requires accomplishment of work through the combined technical and administrative direction of subordinate employees.

Supervisory functions comprise a range of duties which include planning, organizing and reviewing work, administering personnel matters, and dealing effectively with employees and union representatives regarding employee-management concerns. Specific supervisory responsibilities may include assigning, directing and reviewing the work of subordinates; evaluating work performance; identifying training needs; recommending selections, promotions, awards, disciplinary or other actions; planning, scheduling and coordinating the work of the unit; giving advice and counsel to employees; hearing and resolving employee complaints and grievances; and determining the material, equipment, and facilities needed to perform the work.

If the position exercises managerial authorities, duties may include directing the work of an organizational unit, being held accountable for its success, and monitoring its progress toward meeting goals. Typical managerial responsibilities may include determining program goals and monitoring/evaluating the progress in meeting goals;

determining resource needs and making adjustments in objectives, work plans and commitment of resources; determining the need for and developing plans for organizational changes; assessing program impact at the local level, as well as on the organization as a whole; determining policy in such areas as program emphasis and operating guidelines; and administering general personnel policy regarding matters of significant importance.

Along with all other correctional institution employees, incumbent is charged with responsibility for maintaining security of the institution. The staff correctional responsibilities precede all others required by this position and are performed on a regular and recurring basis.

Specific correctional responsibilities include custody and supervision of inmates, responding to emergencies and institution disturbances, participating in fog and escape patrols, and assuming correctional officer posts when necessary. The incumbent is required to shakedown inmates, conduct visual searches of inmate work and living areas for contraband, and is responsible for immediately responding to any institution emergencies. The incumbent must be prepared and trained to use physical control in situations where necessary, such as in fights among inmates, assaults on staff, and riots or escape attempts.

Incumbent has the authority to enforce criminal statutes and/or judicial sanctions, including investigative, arrest and/or detention authority on institution property. When necessary, incumbent also has the authority to carry firearms and exercise appropriate force to establish and/or maintain control over individuals. When conditions warrant, the employee may enter into hostile or life threatening situations and may be required to make decisions affecting the life, well-being, civil liberties, and/or property of others. The actions of the incumbent could result in personal sanctions and legal liability.

Incumbent must successfully complete specialized training in firearms proficiency, self defense, management of medical emergencies, safety management and interpersonal communication skills.

FACTOR 1 - KNOWLEDGE REQUIRED BY THE POSITION

A knowledge of hospital administration, management principles, policies, and programs that make up the health care network of the Federal Bureau of Prisons.

Knowledge of basic fiscal management principles and an understanding of government and BOP budget systems, as well as an awareness of the cost of medical equipment, supplies, and services.

Knowledge of personnel management systems and the recruitment and retention of professional and paraprofessional personnel.

Knowledge of BOP contractual regulations in order to establish contractual agreements with other health service organizations to furnish a broad scope of health care services to patients requiring complex medical care, mental health care, and/or surgical intervention.

Incumbent must have the ability to make sound decisions in emergency situations where the decision could result in severe consequences such as loss of life or destruction of property. Subsequent review and challenge could result in personal sanctions and legal liability both civil and criminal.

Must be familiar with safety procedures for staff and inmate workers.

Skill in the identification of narcotics and narcotic paraphernalia.

Knowledge of search procedures of persons and property for contraband.

Thorough knowledge of BOP regulations to enforce security measures and protect life and property. Work within a prison environment requires a special ability for alertness requiring keen mental and physical effort. Incumbent must be aware of group or individual tensions, alert to unpredictable behavior, and generally sensitive to signs of trouble which could result in injury.

FACTOR 2 - SUPERVISORY CONTROLS

Incumbent receives direction from the HSA for planning, implementation, and coordination of the health care programs. Recommends modifications of departmental operations and ancillary services in order to correct problem areas. Incumbent works with a considerable degree of independence. The incumbent coordinates work with others if necessary and informs the HSA of any potential problems. Work will be reviewed periodically for fulfillment of hospital administrative objectives and effective advice and influence on the overall medical program.

FACTOR 3 - GUIDELINES

Guidelines used are primarily the Health Services Manual, ACA, and other Department of Justice and Bureau of Prisons policies and directives. Joint Commission standards are also mandatory in order to provide an effective health care program. Community consultant practices and procedures will be used to assure the delivery of quality medical care for inmate populations. Incumbent must be able to coordinate and adhere to regulatory requirements such as Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) regulations.

The AHSA must use sound judgement when researching new methodologies or incorporating pertinent concepts into a system of providing quality health care for inmates.

FACTOR 4 - COMPLEXITY

The incumbent assists in planning, developing, and coordinating an effective health care delivery system under the supervision of the HSA. The coordination of these services must take into account diverse factors such as federal and state laws, technical innovations, and cost effectiveness. The incumbent must work directly with medical staff, consultant medical staff, and nursing personnel, as well as auxiliary personnel. The AHSA also works with correctional personnel, as well as other institution support personnel when completing assigned duties. The AHSA has direct contact with inmates and their families and a variety of other health care agencies. The incumbent must be familiar with privacy laws and federal Release of Information regulations.

The AHSA coordinates the objectives of the quality improvement process and communicates these objectives to all supervised departments.

The AHSA is expected to implement new methods and procedures or to substantially modify existing policies and procedures to resolve problem areas.

Security concerns that are inherent in a correctional environment further increase the extent and nature of complexity. Incumbent has direct and frequent daily contact with inmates. Motivation of inmates to want to learn must be encouraged and developed. In addition to regular duties, the staff are also responsible for maintaining security of the institution through observation of inmate behavior, maintenance of discipline, accountability of tools,

and counseling of inmates on institutional and personal problems. Security concerns are a regular and recurring part of the job.

FACTOR 5 - SCOPE AND EFFECT

Incumbent functions as an assistant to the HSA in the application and development of programs and operations which contribute to the efficiency of daily operations within the Health Services Department. An effective medical care delivery program, which meets the needs of the inmates and the BOP, reduces the trauma of incarceration. An effective program will also reduce the involvement of inmate families, attorneys for the inmates, United States Attorneys, and members of Congress. Within the BOP, an effective delivery of program requirements reduces the involvement of other department heads, institution executive staff, regional executive staff, and ultimately Central Office executive staff.

The incumbent is responsible for ensuring compliance with established programs and initiating program changes as necessary. As a supervisor, the incumbent must manage all material and human resources effectively. The incumbent must have an overall view of the institution's mission and must be able to manage a program in accordance with the needs of the other departments, without compromising the quality of health care delivery.

FACTOR 6 - PERSONAL CONTACTS

Contacts are with patients, physicians, other health care personnel, community resources, contract health personnel, and all other staff within the institution.

Incumbent has direct and frequent contacts with inmates and through these contacts, may impact their attitudes and behavior.

FACTOR 7 - PURPOSE OF CONTACTS

Contacts with patients are to provide care, treatment, and counseling. Contacts with physicians are for collaborating and consultation. Contacts with other health care personnel are to exchange information, supervision, provide education, and consultations. The incumbent will develop and maintain good public relations with health care facilities in the community and effectively resolve daily operational, billing, and patient care problems.

Contacts with inmates are primarily to attempt to change their

undesirable attitudes and behavior patterns towards socially acceptable behavior and to establish positive correctional attitudes. Incumbent has frequent opportunities to influence the attitudes and behavior of inmates by informal guidance and counseling.

FACTOR 8 - PHYSICAL DEMANDS

The work requires considerable walking during periods of departmental observations, as well as bending during the treatment of patients. Physical demands may also include standing for long period of time. Requires physical stamina and mental and emotional stability.

FACTOR 9 - WORK ENVIRONMENT

All staff in the correctional facility, regardless of their occupations, are expected to perform law enforcement functions. As a result, the incumbent is regularly subject to physical hazards and dangerous conditions such as assaults and hostage situations. Due to the potential for uncontrollable situations to occur in a correctional institution, the level of risk for hazardous and stressful working conditions is very high.

The duties of this position require frequent direct contact with individuals in detention suspected or convicted of offenses against the criminal laws of the United States. Daily stress and exposure to potentially dangerous situations such as physical attack are an inherent part of this position; consequently, it has been designated as a law enforcement position. Accordingly, the incumbent is covered under the special retirement provisions for law enforcement officers contained in Chapters 83 and 84 of Title 5, United States Code.

MOBILITY STATEMENT

Effective accomplishment of the mission of the Bureau of Prisons frequently requires geographic relocation of supervisory and managerial personnel to meet the legitimate needs of the Bureau and to better use the skills of available staff. Accordingly, the incumbent is subject to these provisions and is susceptible to geographic relocation at the discretion of management in the interest of the efficiency of the service.

Inson # 16267064

Medical
Sex Reassign. SurgeonALP-1330.13J
September 1, 2005
Attachment 1United States Penitentiary
Allenwood, PennsylvaniaADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTE TO INMATE: You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9 [BP-229(13)], you must ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state the names of staff contacted.

Issued By: LCB (Initials of Correctional Counselor)Date Issued To The Inmate: 6/5/16INMATE'S COMMENTS:1. Complaint: I want to know if the BOP offers sex reassignment surgery to its inmates, yes or no.2. Efforts you have made to informally resolve: Spoke to Medical3. Names of staff you contacted: Spoke with Dr. Handel and Dr. SantosDate Returned to Correctional Counselor: 6-6-16Darryl P. [Signature]
Inmate's Signature16267-064
Reg. Number6-6-16
DateCORRECTIONAL COUNSELOR'S COMMENTS:1. Efforts made to informally resolve and staff contacted: Please see attached response from MedicalDate BP-9 Issued: 7/5/16K. Bowers
Correctional Counselor
A. Dematt Acting Unit Manager
Unit Manager (Date)

Distribution: If complaint is NOT informally resolved - Forward original attached to BP-9 Form to the Executive Assistant.

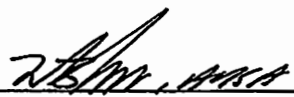
PINSON, Jeremy
Reg. No. 16267-064
Unit: Z04-235LAD
Page 1

This is in response to your Request for an Informal Resolution received on June 27, 2016, in wherein you inquire if the Bureau of Prisons "offers sex reassignment surgery to its inmates."

According to the World Professional Association for Transgender Health (WPATH), criteria for Gender Confirming Surgery includes Persistent well-documented gender dysphoria, Capacity to consent to treatment, Age of Majority, Twelve months of feminizing hormone therapy, and 12 months of continuous living in the gender role that is congruent with one's gender. In addition, the WPATH recommends full clinical evaluations to be done by a licensed Psychiatrist/Psychologist, and Medical Doctor to document stable psychiatric and medical problems and "readiness" for extensive surgical interventions. The BOP does not have any policy that prohibits sex affirming surgery, and provides individualized psychological/medical care to all individuals, including Feminizing/Masculinizing hormone regimens and supportive psychological treatment according to community standards.

According to your medical record you were just started on feminizing hormone therapy in January of 2016. Your hormone levels are not at expected goals just yet; This does not meet WPATH's criteria for sex affirming surgery, which recommends a full 12 months of "feminizing hormone therapy". Because of your severe anxiety, and several self mutilation episodes requiring hospitalization, and other security concerns (beyond the control of your treatment team) you were only living in general population for a very short time, and therefore not able to live "in the gender role that is congruent with one's gender". Your psychiatric illness, despite nearly daily interactions with a licensed Psychologist, and evaluations by a Psychiatrist is not yet well controlled. Given current standards of practice, you are not yet meeting criteria for sex affirming surgery.

You are receiving appropriate medical care in accordance with your clinical assessments. If your condition has changed or worsened, please report to sick-call to have your concerns appropriately addressed by your Primary Care Provider.


M. Magyar, AHSA
USP Allenwood


Date

Form 583 Report of Incident for May 25, 2016

Form 583 Report of Incident**Incident #:** ALP-16-0120 **Submitted By:** Smith (Acting), Charles**Date/Time Of Incident:** 5/25/2016 12:35 PM**Section 1: General Information****Staff Aware Date:** 5/25/2016 12:35 PM**FBI Notified:** No **USMS Notified:** No **Indicate Where Incident Occurred:** Main Facility**Location Level 1:** SHU**Level 2:** Housing Unit, Special (SHU) **Level 3:** SHU**Type Of Incident**

- ☐ Assault On Inmate
☐ Assault On Staff
☐ Assault, Attempted On Inmate
☐ Assault, Attempted On Staff
☐ Disruptive Behavior
☐ Escape From Non-secure Facility
☐ Escape From Secure Facility
☐ Escape, Attempted From Non-secure Facility
☐ Escape, Attempted From Secure Facility
☐ Fight
☐ Inmate Death
☐ Institution Disturbance
☐ Introduction Of Contraband
☐ Lethal Weapons Discharge
☒ Self Mutilation
☐ Setting A Fire
☐ Sexual Act, Non-consensual On Inmate
☐ Sexual Assault On Staff
☐ Sexual Contact, Abusive On Inmate
☐ Sexual Harassment, Repetitive
☐ Staff Homicide
☐ Strike, Food
☐ Strike, Work
☐ Suicide Attempt
☐ Use Of Force
☐ Use Of Force/Applications Of Restraints
☐ Use Of Restraints, Pregnant Inmate

Institution Locked Down: No**Cause Of Incident Known?** No**Cause Of Incident**

- ☐ Alcohol
☐ Commissary
☐ Debts
☐ Disrespect Issue
☐ Drugs
☐ Ethnic Conflict
☐ Food Issue
☐ Geographical Conflict
☐ Interfering with Staff duties
☐ Property Issue
☐ Racial Conflict
☐ Recreation Equipment
☐ Religious Issue
☐ Security Threat Group Conflict
☐ Sexual Pressure
☐ Sporting Events
☐ Telephone
☐ Theft
☐ Visiting
☐ Work Issue

Method: Laceration**Section 2: Inmates Involved****Reg #:** 16267064**Name:** PINSON, JEREMY**Role:** Assailant**Medical Attention Required:** Outside**Injury Category:** Moderate Injury**UNCLASSIFIED/LIMITED OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE**

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Form 583 Report of Incident

Incident #: ALP-16-0120 Submitted By: Smith (Acting), Charles Date/Time Of Incident: 5/25/2016 12:35 PM

Weapon (per inmate): Yes Use of Force (per inmate): No Chemical Used (per inmate): No
CIMS: Yes STG: Yes

Restraints (per inmate): Escort Only

Death (per inmate): No

Section 3: Others Involved

No data found.

Section 4: Lethal Weapon Discharge

No data found.

Section 5: Use of Force

No data found.

Section 6: Description of Incident

DESCRIPTION OF INCIDENT (If Use Of Force, include details such as name of supervisor applying the chemical agent and/or restraints, reasons for use of hard restraints instead of soft restraints, etc.) Please be clear about cause(s) of the incident in your description.

On May 25, 2016 at approximately 12:35 p.m., Special Housing Unit (SHU) staff observed inmate Pinson, Jeremy Reg. No. 16267-064 in SHU cell D-229, engaging in self-mutilation. Specifically, as SHU staff were conducting irregular rounds, they approached cell D-229 and discovered inmate Pinson cutting his left arm with a razor. The inmate flushed the razor in the toilet and complied with staff orders and submitted to hand restraints. He was removed from the cell, pat searched, metal detected, photographed, and escorted to the Health Services area for treatment. Inmate Pinson sustained multiple lacerations to his left arm, left leg, front and back of his head, scrotum, and tongue. Due to the nature of the injuries, he was transported to a local hospital for further treatment. Upon his return, inmate Pinson will be placed on suicide watch per the direction of Psychology staff. No staff injuries were noted.

Section 7: Attachments

File Date	File Name	Original Entered By	Original Loc. Code
5/26/2016	signed 583.pdf.pdf	TF20280	ALX
5/25/2016	Pinson medical two.pdf	TF17910	ALX
5/25/2016	Pinson medical one.pdf	TF17910	ALX
5/25/2016	pinson SRA.pdf	TF17910	ALX
5/25/2016	pinson photo.pdf	TF17910	ALX
5/25/2016	pinson ir.pdf	TF17910	ALX
5/25/2016	klinefelter memo.pdf	TF17910	ALX
5/25/2016	Freas Memo.pdf	TF17910	ALX

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Form 583 Report of Incident**Incident #:** ALP-16-0120 **Submitted By:** Smith (Acting), Charles **Date/Time Of Incident:** 5/25/2016 12:35 PM

5/25/2016	Cain Memo.pdf	TF17910	ALX
5/25/2016	██████████photo.pdf	TF17910	ALX
5/25/2016	██████████medical.pdf	TF17910	ALX
5/25/2016	05-25-2016.pdf	TF17910	ALX

Approved By: SUBMITTED_____
Smith (Acting), Charles**UNCLASSIFIED/LIMITED OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE**

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Klinefelter Memo, May 25, 2016



U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Federal Correctional Complex, Allenwood

USP Allenwood
P.O. Box 3500
White Deer, PA 17887

May 25, 2016

MEMORANDUM FOR B. Feltman, Captain

FROM:  E. Klinefelter, Lieutenant

SUBJECT: Pinson, Jeremy Reg. No. 16267-064

On May 25, 2016 at approximately 12:35 p.m., I observed inmate Pinson, Jeremy Reg. No. 16267-064 engaging in self-inflicted lacerations to his left arm. Specifically, as I was conducting irregular rounds in SHU they approached cell D-229 and I observed inmate Pinson cutting his left arm with a razor blade. The inmate flushed the razor in the toilet and complied with my orders and submitted to hand restraints. He was removed from the cell; pat searched, metal detector, photographed, and escorted Health Services. Inmate Pinson sustained multiple lacerations to his left arm, left leg, front and back of his head, scrotum and to his tongue. Due to the nature of the injuries he was transported to a local hospital. Inmate Pinson was interviewed by the Staff Psychologist and it was determined a formal suicide watch was warranted. Inmate Pinson was subsequently placed on suicide watch without further incident. No staff injuries were noted. Note: Inmate [REDACTED] Reg. No. [REDACTED] was also housed in cell D-229. He was removed from the cell, pat searched, metal detected, medical assessed and placed back into cell D-229 without further incident. Inmate [REDACTED] sustained no injuries. No staff reported any injuries.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**JEREMY PINSON,****Plaintiff****vs.****UNITED STATES, et al****Defendants****CIVIL ACTION NO. 1:17-cv-00584****DECLARATION OF M. FREI**

1. I am employed by the Federal Bureau of Prisons (hereafter "BOP"), as a Correctional Officer assigned to the United States Penitentiary, Allenwood, PA (hereafter "USP Allenwood"). As a part of my duties and responsibilities, I have access to some inmate records and BOP Program Statements. I certify that the Attachments referenced herein are maintained in the ordinary course of business and are true and accurate to the best of my knowledge.

2. The Plaintiff, Jeremy Pinson, federal register number 16267-064, is a federal inmate currently confined in the Federal Medical Center ("FMC"), Rochester, MN. Pinson was assigned to USP Allenwood from March 10, 2016 through July 18, 2016.

3. I was assigned to the Special Housing Unit ("SHU") number three post on May 25, 2016. It was my quarterly assignment from March 13-June 11, 2016. My days off were Sunday-Monday. My hours of duty were 13:45 to 21:45 (1:45pm to 9:45pm). **See Daily Roster**

4. Shaving razors were offered and passed out to inmates three days a week pursuant to policy (**PS 5270.10 attached**). Inmates received razors on Monday, Wednesday and Friday. I

was off on Mondays but would provide razors to inmates who requested them on Wednesday and Fridays.

5. I utilized an informal log (which are not required to be maintained and usually are destroyed after 30 days) to monitor and track who was provided razors in order to assure they were all collected/returned. A list of inmates who were on razor restrictions would be provided to the number three officer by psychology. Additionally, a magnetic marker was placed on the board (used to track who was in SHU; razor restrictions; and other relevant information) of inmates who were housed in SHU indicating they were on razor restriction. A sample of the informal record for tracking razors is attached. **See razor log**

6. I would pass razors out shortly after assuming duties and would give the inmates an hour to shave before collecting the razors. As they were collected I marked off in the log that the razors had been returned. While collecting the razors I would assure that the razor and blade was intact. When the razors were collected, they were placed into a box that went into the "hot trash" which was emptied only by staff.

7. If an inmate refused to return a razor I would immediately contact the lieutenant. Pinson had never refused to return a shaving razor to me.

8. Prior to the incident on May 25, 2016, there was no reason that Pinson could not be provided a shaving razor like other inmates in SHU. I was unaware of any diagnosis Pinson had as I was not involved in providing medical or psychology care to the inmates.

9. Pinson never told me he intended on cutting his testicles out.

10. NOTE: The Plaintiff does not specify the date or time that I supposedly failed to collect a razor from him or made statements to him about not caring what he did with the razor. It is also noted that the incident on Wednesday, May 25, 2016 occurred at 12:35 pm. I was not scheduled

to come into work until 1:45pm. I was not present at the time of the incident did not pass out shaving razors until after 2pm (shortly after arriving for his shift). The most recent time I would have passed out razors was the week before (Friday/ May 20, 2016).

11. I was not involved in any aspect of Pinson's medical or psychology care. I was unaware of any diagnosis Pinson had. I may on occasion have escorted Pinson to a medical or psychology appointment but was never present during the clinical encounter. Pinson was not on any type of razor restrictions prior to the incident on May 25, 2016 (since his placement in SHU on May 9, 2016). There was no reason Pinson could not receive a razor to shave with. Each and every time razors were distributed they were returned and confirmed to be intact.

12. I deny every making a statement to Pinson that I didn't care if he cut his testicles out because I go home after eight hours regardless.

13. Plaintiff references a Program Statement No. 5800.10 in his complaint. There is no such program statement.

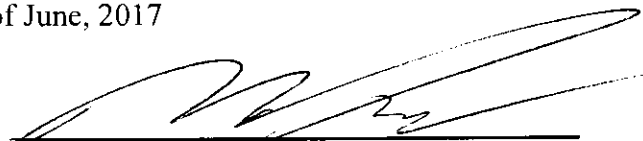
I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

The documents attached to this declaration:

a. are true and correct copies of records maintained by the Bureau of Prisons; b. were created at or near the time of the occurrence of the matters reflected therein by someone with knowledge; or c. were made by the Bureau of Prisons as a regular practice.

I am either custodian of the documents or am otherwise qualified to execute this certification, pursuant to Fed. R. Evid. 803(6) and 902(11).

Executed this 28th day of June, 2017



M. Frei
Correctional Officer
USP Allenwood

**Correctional Servicer Roster, in part (redacted) for May 25,
2016**

**ALP ALLENWOOD
WHITE DEER, PA.
Daily Assignment Roster**

Wednesday May 25, 2016

Page 1

			2 05:00 - 13:00	8 07:00 - 15:00	14 12:00 - 20:00	
			3 05:00 - 15:00	9 07:15 - 15:15	15 12:45 - 20:45	
			4 05:30 - 13:30	10 07:30 - 15:30	16 13:30 - 21:30	
			5 06:00 - 14:00	11 07:30 - 16:00	17 13:45 - 21:45	
	1 00:00 - 08:00		6 06:00 - 16:00	12 07:30 - 17:30	18 14:00 - 22:00	
	21 22:00 - 06:00		7 06:30 - 14:30	13 08:00 - 16:00	22 14:30 - 22:30	19 15:00 - 23:00
Post	Split Shift	24 21:00 - 05:00			23 13:00 - 21:00	20 16:00 - 00:00

SHU LT

**5 Klinefelter 1

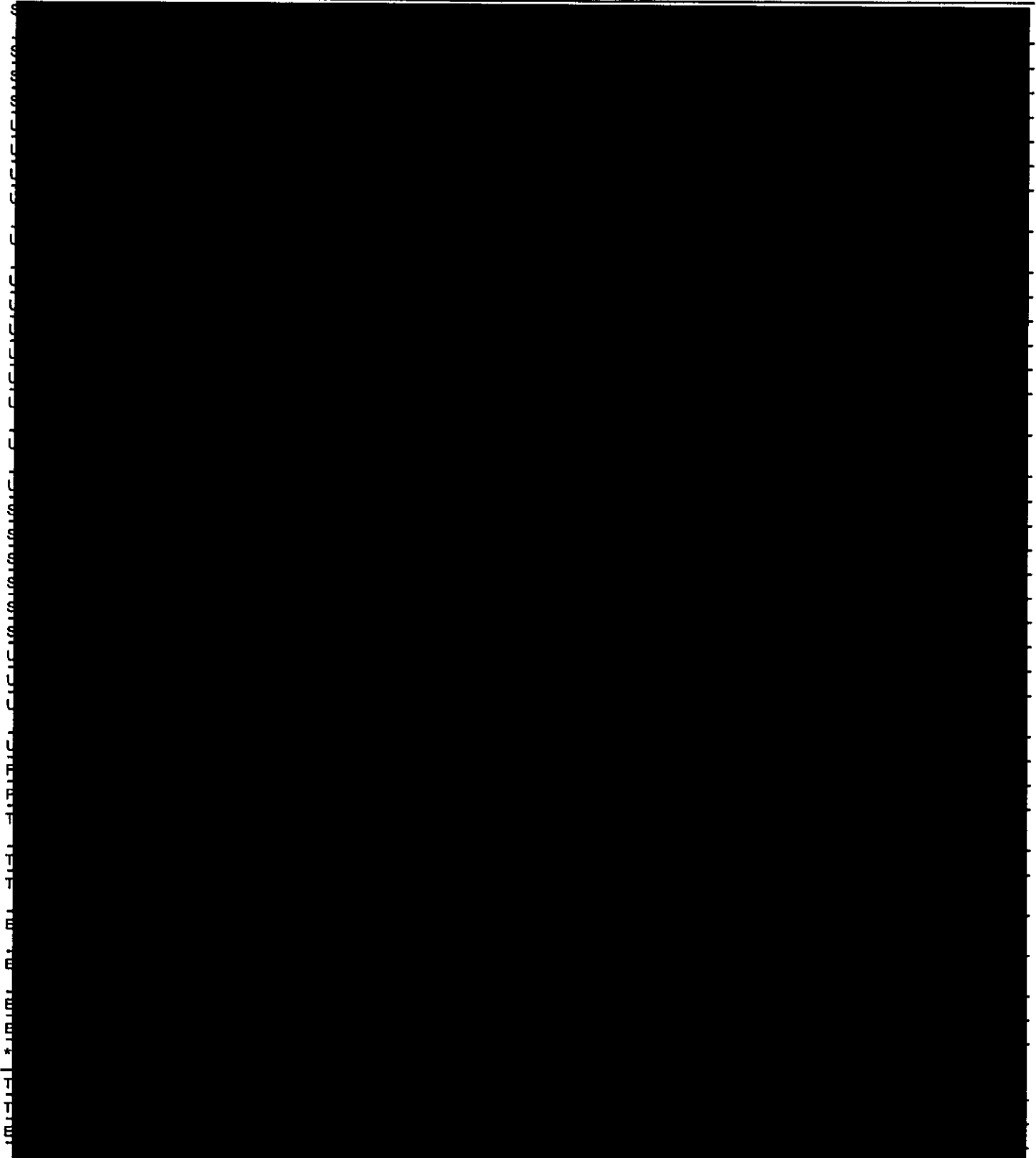
5/31/2017 1:24:28 PM

Wednesday May 25, 2016
Page 2

SHU 3

5 Emerson 1

17 Frei 1



5/31/2017 1:24:29 PM

PS 5270.10 Special Housing Units



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: CPD/CSB
NUMBER: 5270.10
DATE: July 29, 2011
EFFECTIVE DATE: August 1, 2011

Special Housing Units

/s/

Approved: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

§ 541.20 Purpose.

This subpart describes the Federal Bureau of Prisons' (Bureau) operation of special housing units (SHU) at Bureau institutions. The Bureau's operation of SHUs is authorized by 18 U.S.C. 4042(a)(2) and (3).

a. **Program Objectives.** The expected results of this program are:

- A safe and orderly environment will be provided for inmates and staff.
- Living conditions for inmates in disciplinary segregation and administrative detention will meet or exceed applicable standards.
- Accurate and complete records will be maintained on conditions and events in special housing units.

b. Summary of Changes

Policy Rescinded

P5270.08 Inmate Discipline and Special Housing Units (12/4/09)

The former Program Statement **Inmate Discipline and Special Housing Units** is being reissued as two separate Program Statements.

Federal Regulations from 28 CFR are shown in this type.
Implementing instructions are shown in this type.

Removes the language requiring staff in a control unit to adhere to the 90-day limit for an inmate's placement in post-disciplinary detention.

Provides guidance for post disciplinary detention in excess of 90 days and every additional 60 days.

2. SPECIAL HOUSING UNITS (SHUS)

§ 541.21 Special Housing Units (SHUs).

Special Housing Units (SHUs) are housing units in Bureau institutions where inmates are securely separated from the general inmate population, and may be housed either alone or with other inmates. Special housing units help ensure the safety, security, and orderly operation of correctional facilities, and protect the public, by providing alternative housing assignments for inmates removed from the general population.

For inmates with suspected or confirmed contagious diseases, refer to the Program Statements **Intake Screening, Infectious Disease Management, and Patient Care**, and, when applicable, the Pandemic Influenza Plan.

Alternative segregation housing arrangements outside the Special Housing Unit itself must be proposed by the Warden to the Regional Director, and ultimately approved by the Assistant Director, Correctional Programs Division, before activation. Alternative segregation housing of this type will only be approved as SHU overflow for inmates in administrative detention or disciplinary segregation status. Operation of such alternative segregation housing requires compliance with all Bureau rules, policies, staffing, and post orders for operating Special Housing Units.

3. STATUS WHEN PLACED IN THE SHU

§ 541.22 Status when placed in the SHU.

When placed in the SHU, you are either in administrative detention status or disciplinary segregation status.

(a) *Administrative detention status.* Administrative detention status is an administrative status which removes you from the general population when necessary to ensure the safety, security, and orderly operation of correctional facilities, or protect the public. Administrative detention status is non-punitive, and can occur for a variety of reasons.

The Warden may impose temporarily more restrictive conditions on an inmate (which may be in an area ordinarily set aside for disciplinary segregation and therefore requires the withdrawal of

privileges ordinarily afforded in administrative detention status, until a hearing before the DHO can be held) who:

- Is causing a serious disruption (threatening life, serious bodily harm, or property) in administrative detention;
- Cannot be controlled within the physical confines of administrative detention; and
- Upon advice of qualified health personnel, does not require confinement in the institution hospital if the institution has one for mental or physical treatment, or who would ordinarily be housed in the institution hospital for mental or physical treatment, but who cannot safely be housed there because the hospital does not have a room or cell with adequate security provisions.

Inmate confined under these more restrictive conditions must have their status reviewed and fully documented on a new BP-A0321 every 5 days.

The Warden may delegate this authority no further than to the official in charge of the institution when the move is necessary.

A fully documented report *Special Housing Unit - Temporary Restrictive Housing Order* (BP-A0321) is maintained in the Inmate Central File.

(b) *Disciplinary segregation status.* Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s).

4. ADMINISTRATIVE DETENTION STATUS

§ 541.23 Administrative detention status.

You may be placed in administrative detention status for the following reasons:

(a) *Pending Classification or Reclassification.* You are a new commitment pending classification or under review for Reclassification.

This includes newly arrived inmates from the Bus, Airlift, and U.S. Marshals Service.

(b) *Holdover Status.* You are in holdover status during transfer to a designated institution or other destination.

(c) *Removal from general population.* Your presence in the general population poses a threat to life, property, self, staff, other inmates, the public, or to the security or orderly running of the institution and:

- (1) *Investigation.*** You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;
- (2) *Transfer.*** You are pending transfer to another institution or location;
- (3) *Protection cases.*** You requested, or staff determined you need, administrative detention status for your own protection; or
- (4) *Post-disciplinary detention.*** You are ending confinement in disciplinary segregation status, and your return to the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

If an inmate is terminating confinement in disciplinary segregation and staff determine placement in general population is not prudent, the inmate may be placed in administrative detention status if warranted by the conditions established above. The Segregation Review Official (SRO) advises the inmate of this determination and the reason for the action via an *Administrative Detention Order* (ADO) (BP-A0308). The Warden or shift supervisor can order immediate segregation.

The decision for post-disciplinary detention must be based on a separate review, not solely on the initial hearing before the DHO that resulted in the inmate's placement in disciplinary segregation.

Except for pretrial inmates or inmates in a control unit program, staff ordinarily, within 90 days of an inmate's placement in post-disciplinary detention, must either return the inmate to the general inmate population or request a transfer of the inmate to a more suitable institution using Form EMS-A409 *Request for Transfer/Application of Management Variable*. The Regional Correctional Programs Administrator will be copied on the completed form.

The institution must generate a regional referral for each inmate in post-disciplinary detention in excess of 90 days that includes case-specific information stating why the inmate is not appropriate for return to general population or immediate transfer. The Regional Director must submit a recommendation for post-disciplinary detention in excess of 90 days and every additional 60 days thereafter to the Assistant Director, Correctional Programs Division (CPD) for concurrence. Distribution includes a copy to the GroupWise mailbox BOP-CPD/DHO~. The institution generates an Administrative Detention Order (ADO) that cites the same case-specific information and includes documentation indicating that the SRO has advised the inmate of the basis for the extended stay.

5. DISCIPLINARY SEGREGATION STATUS

§ 541.24 Disciplinary segregation status.

You may be placed in disciplinary segregation status only by the DHO as a

disciplinary sanction.

6. NOTICE RECEIVED WHEN PLACED IN THE SHU

§ 541.25 Notice received when placed in the SHU.

You will be notified of the reason(s) you are placed in the SHU as follows:

The Lieutenant or other correctional supervisor prepares an Administrative Detention Order (ADO). A new ADO is required if an inmate's status in administrative detention changes. Distribution of copies is indicated on the ADO.

(a) *Administrative detention status.* When placed in administrative detention status, you will receive a copy of the administrative detention order, ordinarily within 24 hours, detailing the reason(s) for your placement. However, when placed in administrative detention status pending classification or while in holdover status, you will not receive an administrative detention order.

Pending classification refers to newly arrived inmates.

(b) *Disciplinary segregation status.* When you are to be placed in disciplinary segregation status as a sanction for violating Bureau regulations, you will be informed by the DHO at the end of your discipline hearing.

7. REVIEW OF PLACEMENT IN THE SHU

§ 541.26 Review of placement in the SHU.

Your placement in the SHU will be reviewed by the Segregation Review Official (SRO) as follows:

(a) *Three day review.* Within three work days of your placement in administrative detention status, not counting the day you were admitted, weekends, and holidays, the SRO will review the supporting records. If you are in disciplinary segregation status, this review will not occur.

For reviews of Protection Cases see section 9.

(b) *Seven day reviews.* Within seven continuous calendar days of your placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend. Subsequent reviews of your records will be performed in your absence by the SRO every seven continuous calendar days thereafter.

(c) **Thirty day reviews.** After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend.

(d) **Administrative remedy program.** You can submit a formal grievance challenging your placement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.

28 CFR Part 542, Subpart B, refers to the Program Statement **Administrative Remedy Program**.

The SRO refers to the individual at each Bureau institution assigned to review the status of each inmate housed in disciplinary segregation and administrative detention. The SRO must conduct the required reviews. The SRO does not have to be a DHO. Ordinarily, the SRO is the Captain (may be delegated to a Lieutenant responsible for supervision of the SHU). This review must include:

- A review of the inmate's records while in the SHU (*Special Housing Unit Record* (BP-A0292)).
- All available memoranda from staff (including psychology staff).
- All available investigatory memoranda.
- The SRO completes a *Special Housing Review* form (BP-A0295) after review of the *Special Housing Unit Record* and other relevant documentation. Maintain permanent logs.

8. PROTECTION CASE – PLACEMENT IN ADMINISTRATIVE DETENTION STATUS

§ 541.27 Protection case – placement in Administrative Detention status.

You may be placed in administrative detention status as a protection case in the following circumstances.

(a) **Victim of inmate assault or threats.** You were the victim of an inmate assault, or are being threatened by other inmates, including threats of harm if you do not act in a certain way, for example, threats of harm unless you engage in sexual activity.

(b) **Inmate informant.** Your safety is threatened because you provided, or are perceived as having provided, information to staff or law enforcement authorities regarding other inmates or persons in the community.

(c) **Inmate refusal to enter general population.** You refuse to enter the general population because of alleged pressures or threats from unidentified inmates, or

for no expressed reason.

(d) *Staff concern.* Based on evidence, staff believe your safety may be seriously jeopardized by placement in the general population.

9. PROTECTION CASE – REVIEW OF PLACEMENT IN THE SHU

§ 541.28 Protection case – review of placement in the SHU.

(a) *Staff investigation.* Whenever you are placed in the SHU as a protection case, whether requested by you or staff, an investigation will occur to verify the reasons for your placement.

(b) *Hearing.* You will receive a hearing according to the procedural requirements of § 541.26(b) within seven calendar days of your placement. Additionally, if you feel at any time your placement in the SHU as a protection case is unnecessary, you may request a hearing under this section.

(c) *Periodic review.* If you remain in administrative detention status following such a hearing, you will be periodically reviewed as an ordinary administrative detention case under § 541.26.

When an inmate is placed in administrative detention for protection, the Warden or designee (ordinarily the Captain), must review the placement within two work days of the placement to determine if continued protective custody is necessary. This review includes documents that led to the inmate being placed in protective custody status and any other documents pertinent to the inmate's protection.

10. STAFF VERIFICATION OF NEED FOR PROTECTION

§ 541.29 Staff verification of need for protection.

If a staff investigation verifies your need for placement in the SHU as a protection case, you may remain in the SHU or be transferred to another institution where your status as a protection case may not be necessary, at the Warden's discretion.

11. LACK OF VERIFICATION OF NEED FOR PROTECTION

§ 541.30 Lack of verification of need for protection.

If a staff investigation fails to verify your need for placement in the SHU as a protection case, you will be instructed to return to the general population. If you refuse to return to the general population under these circumstances, you may be

subject to disciplinary action.

Inmates refusing placement in general population should be maintained in Administrative Detention status and, if appropriate, initiate disciplinary action.

12. CONDITIONS OF CONFINEMENT IN THE SHU

§ 541.31 Conditions of confinement in the SHU.

Your living conditions in the SHU will meet or exceed standards for healthy and humane treatment, including, but not limited to, the following specific conditions:

(a) *Environment.* Your living quarters will be well-ventilated, adequately lighted, appropriately heated, and maintained in a sanitary condition.

(b) *Cell Occupancy.* Your living quarters will ordinarily house only the amount of occupants for which it is designed. The Warden, however, may authorize more occupants so long as adequate standards can be maintained.

(c) *Clothing.* You will receive adequate institution clothing, including footwear, while housed in the SHU. You will be provided necessary opportunities to exchange clothing and/or have it washed.

(d) *Bedding.* You will receive a mattress, blankets, a pillow, and linens for sleeping. You will receive necessary opportunities to exchange linens.

If the institution issues the combination mattress with a pillow incorporated, a separate pillow will not be issued. Staff may remove an inmate's mattress during non-sleeping daytime hours as a "loss of privilege" sanction imposed by the UDC/DHO. Removal of an inmate's mattress is otherwise prohibited, absent life or safety concerns as specifically documented and authorized by the Warden, or his or her designee.

(e) *Food.* You will receive nutritionally adequate meals.

Refer to the Program Statement Food Service Manual for standards and guidelines for feeding inmates in Special Housing Units.

(f) *Personal hygiene.* You will have access to a wash basin and toilet. You will receive personal items necessary to maintain an acceptable level of personal hygiene, for example, toilet tissue, soap, toothbrush and cleanser, shaving utensils, etc. You will ordinarily have an opportunity to shower and shave at least three times per week. You will have access to hair care services as necessary.

(g) *Exercise.* You will receive the opportunity to exercise outside your individual

quarters at least five hours per week, ordinarily on different days in one-hour periods. You can be denied these exercise periods for a week at a time by order of the Warden if it is determined that your use of exercise privileges threatens safety, security, and orderly operation of a correctional facility, or public safety.

If weather and resources permit, the inmate shall receive outdoor exercise periods. "Week" means one calendar week.

Restriction or denial of exercise is not used as punishment. The Warden or Acting Warden may not delegate the authority to restrict or deny exercise. Exercise periods are only restricted or denied when the inmate's activities pose a threat to the safety, security and orderly operation of a correctional facility, or health conditions of the unit.

The appropriate staff member recommends recreation restrictions to a supervisor who then makes the recommendation to the Warden in writing. The recommending staff member describes briefly the reason for recommending a restriction and its proposed extent. The Warden reviews the recommendation and approves, modifies, or denies the restriction. If the Warden approves a restriction, it must be based on the conclusion that the inmate's actions pose a threat to the safety, security, and orderly operation of a correctional facility or health conditions of the unit.

(h) *Personal property.* In either status, your amount of personal property may be limited for reasons of fire safety or sanitation.

(1) In administrative detention status you are ordinarily allowed a reasonable amount of personal property and reasonable access to the commissary.

(2) In disciplinary segregation status your personal property will be impounded, with the exception of limited reading/writing materials, and religious articles. Also, your commissary privileges may be limited.

(3) Personal property ordinarily allowed in administrative detention (if not otherwise a threat to institution security) includes:

- Bible, Koran, or other scriptures (1)
- Books, paperback (5)
- Eyeglasses, prescription (2)
- Legal material (see policy on inmate legal activities)
- Magazine (3)
- Mail (10)
- Newspaper (1)
- Personal hygiene items (1 of each type) (no dental floss or razors*)
- Photo album (25 photos)
- Authorized religious medals/headgear (e.g., kufi)

- Shoes, shower (1)
- Shoes, other (1)
- Snack foods without aluminum foil wrappers (5 individual packs)
- Soft drinks, powdered (1 container)
- Stationery/stamps (20 each)
- Wedding band (1)
- Radio with ear plugs (1)
- Watch (1)

*Razors are controlled by SHU staff. Only disposable razors are used.

The Warden may modify the quantity and type of personal property allowed. Personal property may be limited or withheld for reasons of security, fire safety, or housekeeping.

Unauthorized use of any authorized item may result in the restriction of the item. If there are numerous misuses of an authorized item, the Warden may determine that the item will not be issued in the SHU.

Reading Material. You will receive a reasonable amount of non-legal reading material, not to exceed five books per inmate at any one time, on a circulating basis. Staff shall provide the inmate the opportunity to possess religious scriptures of the inmate's faith.

(i) Correspondence. You will receive correspondence privileges according to part 540, subpart B.

Part 540, Subpart B, refers to the Program Statement **Correspondence**.

(j) Telephone. You will receive telephone privileges according to part 540, subpart I.

Part 540, Subpart I, refers to the Program Statement **Inmate Telephone Regulations**.

If the inmate has not been restricted from telephone use as the result of a specific disciplinary sanction, he/she is allowed to make one telephone call per month. Meaning, the inmate should receive a phone call within the first 30 calendar days of placement in the Special Housing Unit and within every 30 calendar days thereafter.

(k) Visiting. You will receive visiting privileges according to part 540, subpart D.

Part 540, Subpart D, refers to the Program Statement **Visiting Regulations**.

(l) Legal activities. You will receive an opportunity to perform personal legal activities according to part 543, subpart B.

Part 543, Subpart B, refers to the Program Statement **Inmate Legal Activities**.

(m) *Staff monitoring.* You will be monitored by staff assigned to the SHU, including program and unit team staff.

Program staff, including unit staff, arrange to visit inmates in a SHU within a reasonable time after receiving the inmate's request.

In addition to direct supervision by the unit officer, qualified health personnel and one or more responsible officers the Warden designates (ordinarily the Institution Duty Officer) visit each segregated inmate daily, including weekends and holidays. A Lieutenant must visit the SHU during each shift to ensure all procedures are followed.

Duress buttons, if present, will be utilized only for emergency and/or life threatening situations, to include health related issues. The use of the duress button for anything other than an emergency and/or life threatening situation is subject to disciplinary action.

(n) *Programming activities.* In administrative detention status, you will have access to programming activities to the extent safety, security, orderly operation of a correctional facility, or public safety are not jeopardized. In disciplinary segregation status, your participation in programming activities, e.g., educational programs, may be suspended.

(o) *Administrative Remedy Program.* You can submit a formal grievance challenging any aspect of your confinement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.

28 CFR Part 542, Subpart B, refers to the Program Statement Administrative Remedy Program.

13. MEDICAL AND MENTAL HEALTH CARE IN THE SHU

§ 541.32 Medical and mental health care in the SHU.

(a) *Medical care.* A health services staff member will visit you daily to provide necessary medical care. Emergency medical care is always available.

While in a SHU, inmates may continue taking their prescribed medications.

(b) *Mental health care.* After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, mental health staff will examine you, including a personal interview. Emergency mental health care is always available.

Staff conduct a psychiatric or psychological assessment, including a personal interview, when administrative detention continues beyond 30 days. The assessment, submitted to the SRO in a written report with a copy to the inmate's central file, addresses:

- The inmate's adjustment to surroundings.
- The threat the inmate poses to self, staff, and other inmates.

Staff conduct a similar psychiatric or psychological assessment and report at 30 day intervals should detention continue for an extended period.

14. RELEASE FROM THE SHU

§ 541.33 Release from the SHU.

(a) *Administrative detention status.* You will be released from administrative detention status when the reasons for your placement no longer exist.

(b) *Disciplinary segregation status.* You will be released from disciplinary segregation status after satisfying the sanction imposed by the DHO. The SRO may release you earlier if it is determined you no longer require disciplinary segregation status.

The SRO may not increase any previously imposed sanction(s). When considering release from disciplinary segregation, the SRO first consults with the Captain and must notify the DHO of the inmate's release from disciplinary segregation before satisfying the imposed sanction.

15. AGENCY'S ACA ACCREDITATION PROVISIONS

ACA Standards

- 4th Edition Standards for Adult Correctional Institutions: 4-4133, 4-4235, 4-4249, 4-4250, 4-4251, 4-4252, 4-4253, 4-4254, 4-4255, 4-4256, 4-4258, 4-4260, 4-4261, 4-4262, 4-4263, 4-4264, 4-4265, 4-4266, 4-4267, 4-4268, 4-4269, 4-4270, 4-4271, 4-4272, and 4-4273.
- 4th Edition Performance-Based Standards for Adult Local Detention Facilities: 4-ALDF-2A-44, 4-ALDF-2A-45, 4-ALDF-2A-46, 4-ALDF-2A-47, 4-ALDF-2A-48, 4-ALDF-2A-49, 4-ALDF-2A-50, 4-ALDF-2A-51, 4-ALDF-2A-53, 4-ALDF-2A-55, 4-ALDF-2A-56, 4-ALDF-2A-57, 4-ALDF-2A-58, 4-ALDF-2A-59, 4-ALDF-2A-60, 4-ALDF-2A-61, 4-ALDF-2A-62, 4-ALDF-2A-63, 4-ALDF-2A-64, 4-ALDF-2A-65, and 4-ALDF-2A-66.

REFERENCES

Program Statements

- P1315.07 Inmate Legal Activities (11/5/99)
 P1330.16 Administrative Remedy Program (12/31/07)

P4700.05	Food Service Manual (6/12/2006)
P5100.08	Inmate Security Designation and Custody Classification (9/12/06)
P5212.07	Control Unit Programs (2/20/01)
P5264.08	Inmate Telephone Regulations (1/24/08)
P5265.14	Correspondence (4/5/11)
P5267.08	Visiting Regulations (5/11/06)
P5270.09	Inmate Discipline (7/8/11)
P6031.01	Patient Care (1/15/05)
P6340.04	Psychiatric Services (1/15/05)
P6360.01	Pharmacy Services (1/15/05)

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

P5270.10 7/29/2011 **Federal Regulations are shown in this type.** Implementing instructions: this type. 13

Sample Razor Log

United States Penitentiary
Allenwood, Pennsylvania

SPECIAL HOUSING UNIT RAZOR LOG

DATE: _____

Page 1

ISSUE	LOCATION	RETURN	STAFF	ISSUE	LOCATION	RETURN	STAFF
	AD 101				AD 201		
	AD 102				AD 202		
	AD 103				AD 203		
	AD 104				AD 204		
	AD 105				AD 205		
	AD 106				AD 206		
	AD 107				AD 207		
	AD 108				AD 208		
	AD 109				AD 209		
	AD 110				AD 210		
	AD 111				AD 211		
	AD 112				AD 212		
	AD 113				AD 213		
	AD 114				AD 214		
	AD 115				AD 215		
	AD 116				AD 216		
	AD 117				AD 217		
	AD 118				AD 218		
	AD 119				AD 219		
	AD 120				AD 220		
	AD 121				AD 221		
	AD 122				AD 222		
	AD 123				AD 223		
	AD 124				AD 224		
	AD 125				AD 225		
					AD 226		

**United States Penitentiary
Allenwood, Pennsylvania**

SPECIAL HOUSING UNIT RAZOR LOG

DATE: _____

Page 2

ISSUE	LOCATION	RETURN	STAFF	ISSUE	LOCATION	RETURN	STAFF
	DS 126				DS 227		
	DS 127				DS 228		
	DS 128				DS 229		
	DS 129				DS 230		
	DS 130				DS 231		
	DS 131				DS 232		
	DS 132				DS 233		
	DS 133				DS 234		
	DS 134				DS 235		
	DS 135				DS 236		
	DS 136				DS 237		
	DS 137				DS 238		
					DS 239		

Comments / Discrepancies:

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

JEREMY PINSON,	:	No. 1:CV-17-0584
Plaintiff	:	
	:	
v.	:	(Judge Rambo)
	:	
FEDERAL BUREAU OF PRISONS;	:	
UNITED STATES OF AMERICA;	:	
M. MAGYAR, ASST. H.S.A.;	:	
ELISABETE SANTOS; AND ALL	:	
OTHER MEMBERS OF THE BOP	:	
TCCT AND TEC,	:	
Defendants	:	Filed Electronically

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion as to be competent to serve papers. That on August 18, 2017, she served a copy of the attached

EXHIBITS IN SUPPORT OF DEFENDANTS'
STATEMENT OF MATERIAL FACTS
IN SUPPORT OF MOTION FOR SUMMARY JUDGMENT

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the

last known address, and by depositing said envelope and contents in the United States Mail at Williamsport, Pennsylvania.

Jeremy Pinson
16267-064
FMC Rochester
Federal Medical Center
P.O. Box 4000
Rochester, MN 55903

s/ Melissa M. Rooney
Melissa M. Rooney, Contractor
Senior Litigation Paralegal